

**STATE OF ALABAMA
DIRECT DEPOSIT REQUEST**

(This is a fillable form. Just use tab to move from field to field and enter the required information.
Use file; "save as" to save a copy to your computer.)

The State of Alabama is requested to electronically transfer my salary to the financial institution listed below.

Name of Financial Institution: _____

Account Type: (Check 1 box only) Checking (or) Savings

Account Number: _____

Bank Routing Number: _____

Type/Print Employee's Name

Employee's Social Security Number

Employee's HOME Mailing Address (Street)

City, State, and Zip Code of Employee's Home Mailing Address

Employee's Department or Agency

Employee's Home Telephone Number

Work Telephone Number

Signature of Employee

Date

It is strongly recommended that the employee have his financial institution verify the information on the completed form.