



DIRECT DEPOSIT REQUEST

MUST ATTACH BANK VERIFICATION FOR PROCESSING

COMPLETED BY THE EMPLOYEE	I hereby authorize Casey Auto Group to initiate Direct Deposit/Payroll deduction to				
	NAME (PLEASE PRINT)		EMP #	SOCIAL SECURITY NO.	
	ADDRESS				
	CITY		STATE	ZIP	
	SIGNATURE			DATE	
	BANK NAME	ROUTING NUMBER	ACCOUNT NUMBER	ACCOUNT TYPE	AMOUNT
	1.			<input type="radio"/> CHECKINGS <input type="radio"/> SAVINGS	
	2.			<input type="radio"/> CHECKINGS <input type="radio"/> SAVINGS	
3.			<input type="radio"/> CHECKINGS <input type="radio"/> SAVINGS		

HR USE ONLY	
RECEIVED ON	RECEIVED BY
ENTERED ON	ENTERED BY