

DIRECT DEPOSIT FORM

(Direct Deposit is Required by Schuylkill IU & AVTS)

Print Employee Name **Employee Signature**

Social Security Number **Date**

Bank Name:	
Bank Address:	
Bank Routing Number:	
Account Number:	
Account Type:	
Amount:	

Bank Name:	
Bank Address:	
Bank Routing Number:	
Account Number:	
Account Type:	
Amount:	

Bank Name:	
Bank Address:	
Bank Routing Number:	
Account Number:	
Account Type:	
Amount:	