



DIRECT DEPOSIT ENROLLMENT FORM

Team Member Name: _____

Team Member #: _____

Team Member Signature: _____

Date: _____

Please send my Direct Deposit to my checking and/or savings account(s). I am requesting full/partial deposit.
(If partial, please indicate the dollar amount.)

Checking Account:

Full

Partial Amount: \$ _____

**MUST attach one of the following
that shows your routing # & account #:**

Voided check

OR

Direct Deposit Info from Bank

OR

Screenshot from your online banking

Savings Account: ****Must attach a deposit slip from this account to be processed.****

Full

Partial Amount: \$ _____