Town of Emerald Isle Direct Deposit Application
(Please type or print legibly)

EMPLOYEE NAME: _____   DEPT. _____

DIRECT DEPOSIT OF NET PAY

□ **Checking or**   □ **Savings**

□ **New**   □ **Change**   □ **Cancel**

BANK NAME: _____

BANK ADDRESS: _____

_____

ACCOUNT NUMBER: _____

BANK ROUTING NUMBER: _____

Signature: _____   **Date:** _____

➔ **Attach Voided Check Here (Required for a Checking Account)**
(Staple in this space)