



COMPANY DIRECT DEPOSIT FORM

Employee Name: _____ Social Security Number: _____

I authorize (EMPLOYER) _____ to automatically deposit my net wage or \$ _____ each pay period to my:

Checking Account (9 digit #) _____

Savings Account (9 digit #) _____

Routing Number: 241273861

Employee Signature: _____ Date: _____

Please complete this form and submit it to your employer's payroll clerk. The clerk may have another form for you to complete. This form is intended to be an easy way to remember the account numbers you will need to start direct deposit.

Social Security Administration (SS and SSI)

Recipients already receiving Social Security and or Supplemental Security Income benefits through direct deposit may change their account or bank information by calling **1 (800) SSA-1213 (1-800-772-1213)**. Social Security's toll-free number operates from 7 a.m. to 7 p.m., Monday to Friday. If you have a touch-tone phone, recorded information and services are available 24 hours a day, including weekends and holidays. People who are deaf or hard of hearing may call SSA toll-free TTY number, **1 (800) 325-0778**, between 7 a.m. and 7 p.m. on Monday through Friday. Please have your Social Security number available when you call.

OR

The Social Security Administration provides a secure Web environment where you may change your direct deposit information. Through their site, you may change your current direct deposit to another account or financial institution. To utilize this service, you must establish a password at the Social Security site. Or you can visit www.socialsecurity.gov/deposit/ to change your direct deposit.