

Siouxland Mental Health Services, Inc.
Direct Deposit Sign-up Form

Section 1(EMPLOYEE INFORMATION):

A. Name of Employee (last, first, middle initial)		
Address (street, route, P.O. Box)		
City	State	Zip code
B. Social Security Number - - -		
C. Type of Depositor Account <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		
D. Depositor Account Number		
E. Employee Signature		Date

Section 2 (FINANCIAL INSTITUTION INFORMATION):

A. Name of Financial Institution		
Address (street, route, P.O. Box)		
City	State	Zip code
B. Telephone Number		
C. Fax Number		
D. Routing Number		Check Digit
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