

**If Armstrong Accounting is processing your payroll for Direct Deposit  
Please complete this form  
EMPLOYEE DIRECT DEPOSIT INFORMATION**

Employee Name: \_\_\_\_\_

Employee Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Primary Account**

Name of Bank \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Checking OR Savings (Circle One)      Please attach a voided check from your account.

**Secondary Account (if needed)**

Name of Bank \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Amount per Pay Period      \$ \_\_\_\_\_

Checking OR Savings (Circle One)      Please attach a deposit ticket from your account.

I authorize Armstrong Accounting & Consulting, LLC to initiate electronic transfer of funds in account shown.

\_\_\_\_\_  
Signature of Employee