

**STATE OF ALABAMA  
DIRECT DEPOSIT REQUEST**

The State of Alabama is requested to electronically transfer my salary to the bank or financial institution listed below.

Attach a copy of the Employee's voided check or deposit slip.

Name of Financial Institution: \_\_\_\_\_

Account Type:                      Checking  (or) Savings  (Check 1 box only)

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

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

\_\_\_\_\_  
Type/Print Employee's Name as on Payroll Records.

\_\_\_\_\_  
Employee's Social Security Number

\_\_\_\_\_  
Employee's HOME Mailing Address (Street)

\_\_\_\_\_  
City, State, and Zip Code of Employee's Home Mailing Address

\_\_\_\_\_  
Employee's Department or Agency

\_\_\_\_\_  
Employee's Home Telephone Number

\_\_\_\_\_  
Work Telephone Number

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

\_\_\_\_\_  
Date