



Regional One Health

Direct Deposit Change Form

Use this form ONLY if you currently have Direct Deposit.

Name: _____

Employee #: _____

ADD ACCOUNT(S)

Official printed verification of bank, routing number and account number must be provided. Hand-written documents will not be processed.

Checking Savings Account #: _____ Amount \$ _____ or % _____

Checking Savings Account #: _____ Amount \$ _____ or % _____

REMOVE ACCOUNT(S)

Checking Savings Account #: _____

Checking Savings Account #: _____

CHANGE AMOUNT(S)

Checking Savings Account #: _____ Amount \$ _____ or % _____

Checking Savings Account #: _____ Amount \$ _____ or % _____

Checking Savings Account #: _____ Amount \$ _____ or % _____

Cancel All Current Direct Deposits

You must have at least ONE direct deposit account at all times. If you select this option you will need to ADD ACCOUNT(S) above.

Note: Savings accounts with the Memphis Municipal Employees Federal Credit Union cannot be changed without proper written authorization from the institution.

By signing below, I hereby authorize Regional One Health to make the changes to my direct deposit(s) as indicated above. Changes may take up to two pay periods to take effect. I understand that an extraordinary problem experienced either by my financial institution or Regional One Health may delay the availability of funds on payday. Regional One Health is not responsible for overdrawn bank accounts as a result of any delays.

Signature: _____

Date: _____

Department: _____

Phone #: _____

FOR PAYROLL USE ONLY

Entered By: _____

Date: _____

Notes: _____
