Stewart's Shops

Request for Direct Deposit

Simply complete this form, attach a voided check, and return to Manager/Supervisor to be sent to the Payroll Department.

Employee Informatio	n:	
Date:	Social	Security#:
District/Shop Number	OR Dept:	
Employee Name:		
Account Information	•	
Bank Name:	Ac	ccount No
Bank Routing No.:		
CheckingS	Savings To	otal or Partial Amount \$
Bank Name:	Ao	ccount No
Bank Routing No.:		
Checking S		otal or Partial Amount \$
My account is with Stewart's Federal Credit Union. I would like my payroll deposited as follows:		
Account No.	Пто	otal or Partial Amount \$
		: \$ Vacation Club: \$
		Loan: \$
Direct Deposit Autho	rization Agreeme	nt
I authorize and request to me to my Account(s)	-	orp., to automatically deposit any amount due
•	•	erminatied by me or Stewart's Shops Corp., ch notification requires a reasonable time to
I authorize Stewart's Shops Corp., to withdraw funds from my account for the purpose of correcting a deposit made in error to my account.		
Check box to go paper	rless and view pays	tubs online at mypay.stewartsshops.com
Signature:		Date: