

Employee Signature

Eaton RESA

DIRECT DEPOSIT FORM

Employee Name: (Please Prin	3)		
Please check one:	Initial Enrollment	Change	Cancellation
	ancial institution(s) and ac	count(s). This author	net pay and optional specified rization will also allow ERESA to t until I have changed it in writing.
Deposit Instructions			
Please deposit my Net Pay to:	Checking	Savings	
	Provide Voided Check*	Provide letter from Ba	ank with account information verification*
Financial Institution Name	Transit Routing N	umber (nine digits)	Account Number
Optional Additional Deposit 1 Please deposit this specified an	nount to: \$ Checking Provide Voided Check*	Savings Provide letter from Ba	ank with account information verification*
Financial Institution Name	Transit Routing N	umber (nine digits)	Account Number
Optional Additional Deposit 2			
Please deposit this specified a	nount to: \$		
	Checking	Savings	
	Provide Voided Check*	Provide letter from E	Bank with account information verification*
Financial Institution Name	Transit Routing N	Number (nine digits)	Account Number
above or into the account circled a	ounts Payable as separate and annotated in writing on a y important to assure the acc	transactions, will be d this form. uracy of information invo	lepostied into the Net Pay account listed

Date