

DIRECT DEPOSIT E-MAIL NOTIFICATION FORM

Employee Name: _____ Department: _____

Employee ID Number:

_____I request my Direct Deposit (DD) Notifications be sent to me via e-mail to the following address: E-Mail Address for DD Notification: I understand this e-mail notification will be the *only* notice I receive of my direct deposit each pay period. Paper copies of DD notifications will not be available and will not be sent to me.

_____I request my Direct Deposit (DD) Notifications NOT be sent to me via e-mail.

I request e-mail DD notifications be stopped effective immediately. Paper copies of DD notifications should be sent to me going forward.

Employee Signature: _____ Date: _____

For Payroll Use Only:

Date Changed in Payroll: _____ Changed By: _____