

DIRECT DEPOSIT SIGN UP SHEET FOR CITY OF ST JOSEPH

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Name: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Deposit Method: Flat / Percent

**Banking Information**

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**1:** Bank Name: \_\_\_\_\_ Bank Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: Checking / Savings  
Amount: \_\_\_\_\_

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**2:** Bank Name: \_\_\_\_\_ Bank Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: Checking / Savings  
Amount: \_\_\_\_\_

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**3:** Bank Name: \_\_\_\_\_ Bank Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: Checking / Savings  
Amount: \_\_\_\_\_

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**4:** Bank Name: \_\_\_\_\_ Bank Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: Checking / Savings  
Amount: \_\_\_\_\_

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**5:** Bank Name: \_\_\_\_\_ Bank Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: Checking / Savings  
Amount: \_\_\_\_\_

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_