



2437 Commercial Blvd., Suite 1 • State College, PA 16801
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DIRECT DEPOSIT FORM

Employee Name (Print) _____ Date _____

Personal Account

Kittrell Pay Card**

** I have received the Terms & Conditions for Kittrell Pay Card.

Employee Signature _____

If using your already established Direct Deposit Account:

1. Your name must be on the account
2. Provide a voided check or printout for your active account
3. We do not accept handwritten numbers
4. Deposit slips are not acceptable

Checking Savings

Please attach your voided check or printout here: