



To Whom It May Concern:

Our employee has requested direct deposit to their checking and/or savings account. In order for us to better provide this service; please provide the following information for their account(s).  
*Note: If the deposit is going to be made into a checking account a voided check may be attached to the Apollo Group direct deposit form in lieu of this form.*

**\*\*This form must be attached to a completed University of Phoenix Faculty Direct Deposit Form and submitted to Academic Operations. \*\***

Name of financial institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Client name: \_\_\_\_\_

**Primary Account:**

**Checking/Savings** account routing number: \_\_\_\_\_  
(Circle one) (Routing # must start with a 0, 1, 2, or 3 and be 9 digits long)

**Checking/Savings** account number: \_\_\_\_\_  
(Circle one)

**Secondary Account:**

**Checking/Savings** account routing number: \_\_\_\_\_  
(Circle one) (Routing # must start with a 0, 1, 2, or 3 and be 9 digits long)

**Checking/Savings** account number: \_\_\_\_\_  
(Circle one)

Signature of *financial representative*: \_\_\_\_\_ Date: \_\_\_\_\_