



888 10<sup>TH</sup> St, Suite 2  
Marion IA 52302  
Phone 319-447-4429

**Company Name:** \_\_\_\_\_

**Employee:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Emergency Contact:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Bank:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Percentage of check in the above account:** \_\_\_\_\_

**If check goes into more than one account, list additional account below:**

**Bank:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Percentage of check in the above account:** \_\_\_\_\_

**Please provide a copy of a voided check, if possible (not a deposit slip)**