

CITY OF THOMASTON  
Finance Department  
106 E Lee Steet  
Thomaston, GA 30286  
706-647-6633

Employee Name \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Account Information

Make sure to indicate what kind of account, along with amounts deposited, if less than your total net paycheck.

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1. Bank Name/City/State: \_\_\_\_\_

Routing Transit#: \_\_\_\_\_ Acct No. \_\_\_\_\_

\_\_\_\_ Checking \_\_\_\_ Savings Amt \_\_\_\_\_ %AMT \_\_\_\_\_ Entire Check \_\_\_\_\_

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2. Bank Name/City/State: \_\_\_\_\_

Routing Transit#: \_\_\_\_\_ Acct No. \_\_\_\_\_

\_\_\_\_ Checking \_\_\_\_ Savings Amt \_\_\_\_\_ %AMT \_\_\_\_\_ Entire Check \_\_\_\_\_

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3. Bank Name/City/State: \_\_\_\_\_

Routing Transit#: \_\_\_\_\_ Acct No. \_\_\_\_\_

\_\_\_\_ Checking \_\_\_\_ Savings Amt \_\_\_\_\_ %AMT \_\_\_\_\_ Entire Check \_\_\_\_\_