



**APPLICANT PAYMENT INFORMATION**

Payable to: \_\_\_\_\_

Payment Method (circle):    Check      Direct Deposit

**Federal Tax (circle):** Single/Married    Exemptions: \_\_\_\_\_

**State Tax (circle):** 0.8% 1.3% 1.8% 2.7% 3.6% 4.2% 5.1%

**APPLICANT DIRECT DEPOSIT INFORMATION**

Name of Financial Institution: \_\_\_\_\_      Phone Number: \_\_\_\_\_

ABA Routing No.: \_\_\_\_\_      Account No.: \_\_\_\_\_

Account Type (circle one):                  Checking      Savings

**BENEFICIARY INFORMATION (Do not List your spouse)**

**Primary Beneficiary:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_      Social Security Number: \_\_\_\_\_

Relationship(s): \_\_\_\_\_      Phone Number \_\_\_\_\_

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

**Secondary Beneficiary:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_      Social Security Number: \_\_\_\_\_

Relationship(s): \_\_\_\_\_      Phone Number \_\_\_\_\_

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

**Secondary Beneficiary:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_      Social Security Number: \_\_\_\_\_

Relationship(s): \_\_\_\_\_      Phone Number \_\_\_\_\_

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

**I CERTIFY TO THE ACCURACY OF THE INFORMATION GIVEN ON THIS FORM**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Institution

\_\_\_\_\_  
HR Office Signature

\_\_\_\_\_  
Title

**Note: Please provide a copy of:** State Issued Birth Certificate or Passport or  
State Issued Driver's License or ID  
State Issued Birth Certificate, Passport, Driver's License or State Issued ID for Spouse and  
Dependent Children (if applicable)  
Recorded Marriage Certificate (if applicable)  
++Proof of Full Time College enrollment (up to age 23)++  
\*\*Proof of Dependent Child's Disability prior to age 23\*\*  
**Divorce Decree (and Domestic Relations Order, if divorced during CORP employment)**  
**Please include a voided check for direct deposit into a checking account**