



# CALIFORNIA CAPITAL AQUATICS

PO Box 368, Roseville, CA 95678

## Bank Account Change Form

**PLEASE INCLUDE A COPY OF A VOIDED CHECK OR SAVINGS DIRECT DEPOSIT SLIP FOR EACH ACCOUNT.**

### Employee Information

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

Employee Contact Phone: \_\_\_\_\_

### 1) First Account Information

Financial Institution Name: \_\_\_\_\_

Account type: (circle one) Checking / Savings

Deposit Amount: (circle one) Full Net / Partial \$ \_\_\_\_\_ / Partial % \_\_\_\_\_ / Remainder Net

Financial Institution Routing (ABA) Number (7 digits): \_\_\_\_\_

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

### 2) Second Account Information

Financial Institution Name: \_\_\_\_\_

Account type: (circle one) Checking / Savings

Deposit Amount: (circle one) Full Net / Partial \$ \_\_\_\_\_ / Partial % \_\_\_\_\_ / Remainder Net

Financial Institution Routing (ABA) Number (7 digits): \_\_\_\_\_

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

### 3) Third Account Information

Financial Institution Name: \_\_\_\_\_

Account type: (circle one) Checking / Savings

Deposit Amount: (circle one) Full Net / Partial \$ \_\_\_\_\_ / Partial % \_\_\_\_\_ / Remainder Net

Financial Institution Routing (ABA) Number (7 digits): \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Last 4 of SSN

*Please note that California Capital Aquatics will use the information on this page for processing changes to Direct Deposit.*



Building character through the pursuit of excellence in competitive swimming.