



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Food and Drug Administration

**FDA**

## Non-Receipt of Direct Deposit

In the event of a non-receipt of direct deposit, the following information must be received by the employee

Employee's Name		Signature	
Employee's Address			Social Security No.
Bank Name & Address			
Bank Contact Person		Signature	
Phone No.	Account Number	Routing Number	
Type of Account	Amount of Check	Pay Date	