



Version 6.2.20

General Motors Payroll Deposit Request

Email to: payroll.input@conduent.com -or- Fax to: 866-741-7415

All items marked with * are required information.

PLEASE PRINT!

* Last Name

* First Name

* Middle
Initial

* Email

* Phone

Check One:

--	--	--	--	--	--	--	--	--	--

* GMIN

--	--	--	--

* Last 4 of SSN

* Separated
* Retiree

➤ * Complete for Direct Deposit to Bank Account:

To insure accuracy, obtain the routing number and account number to be used from your bank or credit union. Notify payroll of any changes to your bank information to prevent delay of your deposit. If funds are returned as unable to deposit, an ADP Aline Card will be issued in lieu of direct deposit.

* Previous Bank Name: _____

* Previous Account Number: _____

* New Bank Name: _____

* Bank Account Type:

☐

Checking

☐

Savings

Consult your bank:

* Routing # _____

* Account # _____

* Employee Signature

* Date (mm/dd/yyyy)

➤ Notary Information:

This form must be notarized.

* Notary Public, Country, (Name / Title / Date)

* Date (mm/dd/yyyy)