

DIRECT DEPOSIT ENROLLMENT FORM

COMPANY NAME

Type of Enrollment Action: New Change Cancel

To enroll in Full Service Direct Deposit, simply fill out this form, and return to your Manager. You **MUST attach a VOIDED CHECK** from your bank – **NOT A DEPOSIT SLIP**. If depositing to a savings account, ask your bank to give you the “Routing/Transit Number” for your account. It is not always the same as the number on a savings deposit slip. This will help to ensure that you are paid correctly.

ACCOUNT INFORMATION – To be completed by Employee if “New” or “Change” is checked above.

To distribute funds to more than one account, please complete a form for each account. **Make sure to indicate what kind of account, along with the amount to be deposited, if the amount is less than your total Net pay.**

1. Bank Name: _____ City: _____ State: _____

Routing/Transit#: _____ Account #: _____

Checking Savings Other I Wish to Deposit \$ _____ OR Entire Amount.

2. Bank Name: _____ City: _____ State: _____

Routing/Transit#: _____ Account #: _____

Checking Savings Other I Wish to Deposit \$ _____ OR Entire Amount.

IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize _____ (hereinafter “My Employer”), to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter “Bank”), indicated on this form. Further, I authorize Bank to accept and credit any credit entries indicated by My Employer, to my accounts. In the event My Employer deposits funds erroneously into my account, I authorize My Employer to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until My Employer and Bank have received written notice from me of its termination in such time and manner as to afford My Employer and Bank reasonable opportunity to act upon it.

EMPLOYEE PRINTED NAME: _____ SS#: _____

EMPLOYEE SIGNATURE: _____ DATE: _____

To be completed by Employee if “Cancel” is checked above.

I hereby CANCEL my Direct Deposit Authorization.

EMPLOYEE SIGNATURE: _____ DATE: _____