# *Employee Direct Deposit Enrollment Form*

Payroll Manager – Please complete this section.   **(Please print.)**

Company Code: _____ Company Name: _____ Date: _____

Payroll Mgr. Name: _____ Payroll Mgr. Signature: _____

To enroll in Full Service Direct Deposit, simply fill out this form and give it to your payroll manager. Attach a voided check for each checking account – **not a deposit slip.** If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same number as on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.
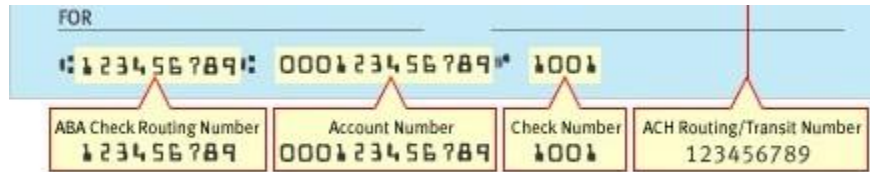
Important! Please read and sign before completing and submitting.

I hereby authorize my employer (hereinafter "Company") 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 to credit any credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account. I authorize Company 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 Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

Employee Name: _____

Employee Signature: _____ Date: _____

Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form. **Make sure to indicate what kind of account, along with amount to be deposited if less than your total net paycheck.**

1. Bank Name/City/State: _____

   Routing/Transit #: __ __ __ __ __ __ __ __ __   Account Number: _____

   ☐ Checking   ☐ Savings   ☐ Other   I wish to deposit: $ _____._____ or ☐ Entire Net Amount

2. Bank Name/City/State: _____

   Routing/Transit #: __ __ __ __ __ __ __ __ __   Account Number: _____

   ☐ Checking   ☐ Savings   ☐ Other   I wish to deposit: $ _____._____ or ☐ Entire Net Amount

3. Bank Name/City/State: _____

   Routing/Transit #: __ __ __ __ __ __ __ __ __   Account Number: _____

   ☐ Checking   ☐ Savings   ☐ Other   I wish to deposit: $ _____._____ or ☐ Entire Net Amount

ATTENTION PAYROLL MANAGER:

Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.