

Employee Direct Deposit Enrollment Form

To enroll in Direct Deposit, simply fill out this form and give it to the payroll department. 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 as the number on a savings deposit slip. This will help ensure that you are paid correctly.

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: _____

Social Security Number: _____

Employee Signature: _____ Date: _____

Account Information

The last item must be for the remaining amount owed to you. 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 I wish to deposit: \$ _____ or Entire Net

2. Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

Checking Savings I wish to deposit: \$ _____ or Entire Net

3. Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

Checking Savings I wish to deposit: \$ _____ or Entire Net