



Employee Direct Deposit Enrollment Form

Payroll Manager – Please complete this section before distributing to your employees.

Company Name: _____ Date: _____

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

To enroll in Full Service Direct Deposit, 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 of 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. ****AGAIN, PLEASE DO NOT SUBMIT ANYTHING OTHER THAN A VOIDED CHECK OR WE WILL BE UNABLE TO PROCESS YOUR DIRECT DEPOSIT!!****

Attach a voided check in this space. If this is the only account you are using for direct deposit your net pay will be deposited in this account. If you distribute to a second account (i.e. savings) fill in the information below regarding that second account and amount to distribute. Your remaining amount owed to you will be deposited in this account.

[Attach voided check here]

Second Account Information

If you are distributing to a second account fill in the following information for that account. **Please be sure to indicate the type of account, along with the amount to be deposited.**

Bank Name/City/State: _____

Routing/Transit#:

Account Number:

Checking Savings Other: _____

I wish to deposit: \$ _____.

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#: - -

Employee Signature: _____ Date: _____