

Employee Direct Deposit Enrollment Form

To enroll in Full Service Direct Deposit, simply fill out this form and give to payroll.

IMPORTANT! Please read and sign before completing and submitting.

I hereby provide my authorization to deposit any amounts owed me, as indicated on this form. Further, I authorize my bank to accept and to credit any credit entries indicated by my Employer to my account. In the event that deposits are erroneously entered into my account, I provide my authorization 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 written notice from me of its termination in such time and in such manner as to afford reasonable opportunity to act on it.

I understand that upon notice of my termination of employment, my final paycheck will not be a direct deposit but rather a "live" check.

Printed Name: _____

Employee Name: Social Security #: _____ - _____ - _____

Employee Signature: _____ Date: _____

Account Information

To distribute to more accounts, please complete another form.

Make sure to indicate what kind of account, along with amount to be deposited, if not net of check.

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:

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

Processed by:

Payroll Coordinator Name: _____ Signature: _____