

DIRECT DEPOSIT ENROLLMENT FORM

To enroll in Direct Deposit, simply fill out this form and give it to your payroll manager. Supply a voided check for each account listed below. 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 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: _____
Company Name: _____

Account Information

You may choose up to three accounts. (Your last item must be for the remaining amount owed to you.)

1. Bank Name/City/State: _____

Checking Savings Transit/ABA Routing: _____
Account Number: _____

I wish to deposit: \$ _____ or Entire Net Amount

2. Bank Name/City/State: _____

Checking Savings Transit/ABA Routing: _____
Account Number: _____

I wish to deposit: \$ _____ or Remaining Net Amount

3. Bank Name/City/State: _____

Checking Savings Transit/ABA Routing: _____
Account Number: _____

I wish to deposit: \$ _____ or Remaining Net Amount