

Employee Direct Deposit Enrollment Form

General Instructions: (1) Fill out and sign this form, (2) Attach a voided check or other bank verification for each account (a deposit slip is NOT verification), and (3) Return this to your Payroll Manager.

IMPORTANT: If you do not provide acceptable bank verification with the account number and the routing and transit number, your direct deposit will be delayed until verification is confirmed.

Company: _____

Client # _____

Important! Employees please read and sign the following before you complete and submit your account information.

The undersigned hereby authorizes his or her employer or its designee ("Employer") to deposit any sums Employer owes to me into the bank or other financial institution ("Financial Institution") accounts identified below. The undersigned also authorizes Financial Institution to receive and accept any such deposits and credit the same to my account. If any deposit is made to my account in error by Employer, Financial Institution is authorized to return the erroneous payment to Employer and to debit my account for the same in an amount not to exceed the amount of the erroneous deposit. This authorization shall remain in effect until revoked by the undersigned in writing so as to allow Employer and Financial Institution a reasonable opportunity to act.

Printed Name: _____ Social Security #: _____ - _____ - _____

Employee Signature: _____ Date: _____

Employee Account Information (Last item must equal remaining balance.) Verify with your employer that you can have more than one account.

<input type="checkbox"/> New Account <input type="checkbox"/> Additional Account <input type="checkbox"/> Replacement Account
1. Bank Name, City, & State: _____ Routing & Transit Number: _____ Account Number: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings Please deposit: \$ _____ . ____ or ____% or <input type="checkbox"/> Entire Net Pay
<input type="checkbox"/> New Account <input type="checkbox"/> Additional Account <input type="checkbox"/> Replacement Account
2. Bank Name, City, & State: _____ Routing & Transit Number: _____ Account Number: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings Please deposit: \$ _____ . ____ or ____% or <input type="checkbox"/> Remaining Net Pay
<input type="checkbox"/> New Account <input type="checkbox"/> Additional Account <input type="checkbox"/> Replacement Account
3. Bank Name, City, & State: _____ Routing & Transit Number: _____ Account Number: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings Please deposit: \$ _____ . ____ or ____% or <input type="checkbox"/> Remaining Net Pay
<input type="checkbox"/> New Account <input type="checkbox"/> Additional Account <input type="checkbox"/> Replacement Account
4. Bank Name, City, & State: _____ Routing & Transit Number: _____ Account Number: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings Please deposit: \$ _____ . ____ or ____% or <input type="checkbox"/> Remaining Net Pay

Attach Bank verification - deposit slips are not sufficient.

Checking Account #
(usually follows the Routing & Transit #)

Routing & Transit # (9 digit number between these two symbols)

Check Number
(is *not* needed to complete this form)

John & Jane Doe
123 Your Street
Anywhere, USA 12345

Date _____

ATTACH VOIDED CHECK

Pay To The Order Of _____

\$ _____ DOLLARS

YOUR BANK
Anywhere, USA 12345

Memo _____

⑆012347678⑆
123456789⑆
2001

Attention Employers: Keep each copy of enrollment form on file as long as the employee is active and for two years afterward