

# 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.*)

<input type="checkbox"/> New Account <input type="checkbox"/> Additional Account <input type="checkbox"/> Replacement Account/Amount <input type="checkbox"/> Cease All Deposits
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
_____New Account            _____Additional Account            _____Replacement Account/Amount
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
_____New Account            _____Additional Account            _____Replacement Account/Amount
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
_____New Account            _____Additional Account            _____Replacement Account/Amount
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 #)

John & Jane Doe  
123 Your Street  
Anywhere, USA 12345

Date \_\_\_\_\_

2001

ATTACH VOIDED CHECK

Pay To The Order Of \_\_\_\_\_

\$ \_\_\_\_\_ DOLLARS

YOUR BANK  
Anywhere, USA 12345

Memo \_\_\_\_\_

Check Number  
(is not needed to complete this form)

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

⑆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**