



EMPLOYEE DIRECT DEPOSIT ENROLLMENT FORM

Company: _____

Client Code: _____

General Instructions:

1. Complete and sign this form
2. Attach a voided check for each checking account. If you do not have a check to provide or the account is a savings account, have your bank provide you with the account number and routing number in writing - DEPOSIT SLIPS ARE NOT VALID
3. Return this form to your manager

Please read and sign the following:

The undersigned hereby authorized his/her employer or its designee ("Employer") to deposit any sums the Employers 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. The 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.

Print Name: _____ Social Security# _____ - _____ - _____

Employee Signature: _____ Date: _____

Employee Account Information (Last item must equal remaining balance. For additional accounts, attach additional sheets.)

<p>1. <input type="checkbox"/> New Account <input type="checkbox"/> Additional Account <input type="checkbox"/> Replacement Account</p> <p>Bank Name: _____</p> <p>Routing Number: _____ Account Number: _____</p> <p><input type="checkbox"/> Checking <input type="checkbox"/> Savings Deposit: \$ _____ or _____ % or <input type="checkbox"/> Entire Net Pay</p>
<p>2. <input type="checkbox"/> New Account <input type="checkbox"/> Additional Account <input type="checkbox"/> Replacement Account</p> <p>Bank Name: _____</p> <p>Routing Number: _____ Account Number: _____</p> <p><input type="checkbox"/> Checking <input type="checkbox"/> Savings Deposit: \$ _____ or _____ % or <input type="checkbox"/> Entire Net Pay</p>

Attach a copy of a voided check here

NAME
ADDRESS
CITY, STATE ZIP

0123
01-23456789

DATE _____

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

BANK NAME
ADDRESS
CITY, STATE ZIP

FOR _____

⑆012345678⑆ 01234567890123⑆ 0123

Bank Routing Number Bank Account Number Check Number