



DIRECT DEPOSIT ENROLLMENT FORM

Employee Information

PLEASE PRINT

Employee Name: _____

Social Security Number: _____

Employer Information

PLEASE PRINT

Employer Name: _____

Federal ID Number: _____

Complete for DIRECT DEPOSIT and attach a VOIDED check(s). Deposit Slips are not accepted. Note: If depositing into a Savings Account ask your bank for for the Routing/Transit Number as the number on the Savings Deposit slip may not be the same.

I authorize my employer to deposit my wages/salary to the following bank account(s).

Bank Account #1 Checking / Savings (Circle one)

I wish to Deposit (Check One):

Bank Name _____

Entire Net Pay

Routing Number _____

___ % of Net

Account Number _____

Specific Dollar Amount \$ _____

I authorize my employer to deposit my wages/salary to the following bank account(s).

Bank Account #2 Checking / Savings (Circle One)

I wish to Deposit (Check One):

Bank Name _____

Entire Net Pay

Routing Number _____

___ % of Net

Account Number _____

Specific Dollar Amount \$ _____

I authorize my employer to deposit my wages/salary to the following bank account(s).

Bank Account #3 Checking / Savings (Circle One)

I wish to Deposit (Check One):

Bank Name _____

Entire Net Pay

Routing Number _____

___ % of Net

Account Number _____

Specific Dollar Amount \$ _____

Employee Signature: _____ Date: _____

By authorizing above, I agree that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account(s) above. Further, I agree that if my employer deposits funds into my account in error they have the authority to remove those funds via an electronic transaction.

For Office Use Only

Date Received: _____ Date Prenoted: _____ Date Accepted: _____

Comments: _____