



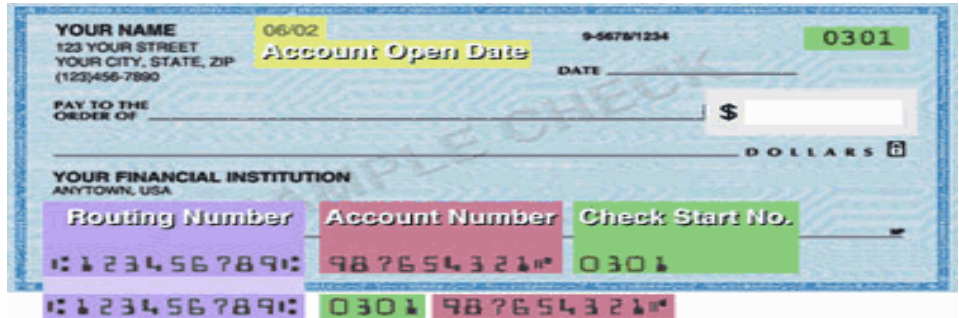
# Direct Deposit Enrollment Form

To enroll in direct deposit, please complete this form and return it to your Human Resource Department. Attach a voided check or letter from your banking institution for each account you wish to have money deposited in, so we can verify your routing and account number. Please note that the routing and account number on your deposit slip is not always the same. For this reason, we are unable to accept deposit slips. It may take up to fifteen (15) days for the direct deposit to become active. You will receive a paper check until your account has been verified.

Employee Name: \_\_\_\_\_ Employee Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Company Name: \_\_\_\_\_

I, \_\_\_\_\_, elect to be paid by the following method:  
*PRINT NAME*

- Direct Deposit Enrollment
- Deposit Amount Change Only



### Direct Deposit Account # 1

Routing Number\* \_\_\_\_\_

Accounting Number\* \_\_\_\_\_

Account Type\*  Checking  Savings

Entire Amount per Pay Period **OR**  Specific Amount per Pay Period (\$) \_\_\_\_\_

### Direct Deposit Account # 2

Routing Number\* \_\_\_\_\_

Accounting Number\* \_\_\_\_\_

Account Type\*  Checking  Savings

Entire Amount per Pay Period **OR**  Specific Amount per Pay Period (\$) \_\_\_\_\_

### IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize my employer (hereinafter "Company") to deposit any amounts owed to me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize the Bank to accept and to credit any credit entries indicated by the Company to my accounts. In the event that the 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 the Company and the Bank have received written notice from me of its termination in such time and in such manner as to afford the Company and the Bank reasonable opportunity. In addition, I acknowledge that my direct deposit slip will be made available electronically only, unless noted otherwise in writing.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date