

Direct Deposit Enrollment Form

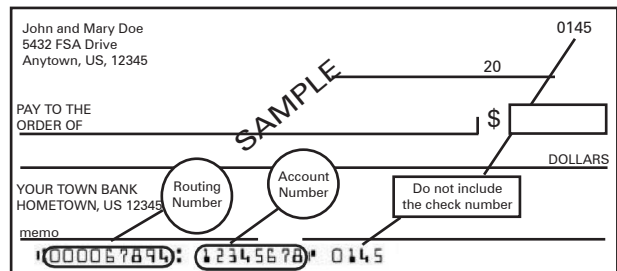


COMPANY INFORMATION

Company Name: _____ Company Code: _____
(referred to hereinafter as "Employer")

DIRECT DEPOSIT ENROLLMENT

To enroll in direct deposit, please fill out the following form and return it to your payroll manager. In addition, we ask that you attach a voided check for each checking account – not a deposit slip. If depositing into a savings account, we ask that you receive a letter from your bank on its letterhead stating the account and routing number for your account. Please see sample check to help guide you through completing this form, so you know where to find the appropriate information.



BANK ACCOUNT INFORMATION - Please Attach Voided Check(s)

1. Bank Name: _____ Bank Address: _____
Routing Number: _____ Account Number: _____
☐ Checking ☐ Savings ☐ Other
Deposit: \$ _____ or ☐ Entire Net Pay
2. Bank Name: _____ Bank Address: _____
Routing Number: _____ Account Number: _____
☐ Checking ☐ Savings ☐ Other
Deposit: \$ _____ or ☐ Entire Net Pay
3. Bank Name: _____ Bank Address: _____
Routing Number: _____ Account Number: _____
☐ Checking ☐ Savings ☐ Other
Deposit: \$ _____ or ☐ Entire Net Pay

AUTHORIZATION

I authorize Employer either directly or through its payroll vendor, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s) at the financial institution(s) (hereinafter "Bank") indicated on this form. This authorization will remain in full force and effect until Employer and Bank has received written notification from me of its termination in such time and in such manner as to afford Employer and Bank a reasonable opportunity to act.

Employee Name: _____ Social Security #: _____ - _____ - _____

Employee Signature: _____ Date: ____/____/____