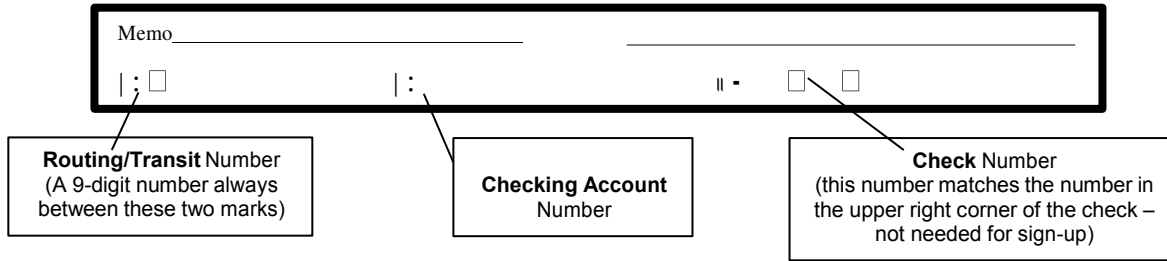# ADP Payroll
Employee Direct Deposit Enrollment Form

NOTE: A Manual Check will be issued for one or two pay periods while a request for Direct Deposit is being processed, for both initial requests and requests resulting from a change of bank accounts.

To enroll in Full Service Direct Deposit, simply fill out this form and give it to the Astrix Finance Department. For **each** checking account you must **ATTACH A VOIDED CHECK** – **not a deposit slip**. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found:

Memo_____   _____

| ; ☐ | :   ‖ - ☐ ☐

Routing/Transit Number
(A 9-digit number always between these two marks)

Checking Account Number

Check Number
(this number matches the number in the upper right corner of the check – not needed for sign-up)

IMPORTANT!
Please READ and SIGN before completing and submitting.

I hereby authorize ADP to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by ADP to my accounts. In the event that ADP deposits funds erroneously into my account, I authorize ADP 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 ADP and Bank have received written notice from me of its termination in such time and in such manner as to afford ADP and Bank reasonable opportunity to act on it.

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

Employee Signature:_____   Date:_____

Account Information

The last item must be for the remaining amount owed to you. Make sure to indicate what kind of account, along with amount to be deposited if less than your total net paycheck.

If you are making a change to your existing Direct Deposit elections and your bank account has already been verified by ADP, please mark the "$ Change Only" box below. You do **NOT** need to resubmit a voided check if the account has already been prenoted.

1. ☐NEW ☐$ CHANGE ONLY   Bank Name/City/State_____

   Routing/Transit #:_____ ___ ___ ___ ___ ___   Account Number:_____

   ☐Checking   ☐Savings   ☐Other   I wish to deposit: $_____ . ____ **or** ☐ Entire Net Amount

2. ☐NEW ☐$ CHANGE ONLY   Bank Name/City/State_____

   Routing/Transit #:_____ ___ ___ ___ ___ ___   Account Number:_____

   ☐Checking   ☐Savings   ☐Other   I wish to deposit: $_____ . ____ **or** ☐ Entire Net Amount

3. ☐NEW ☐$ CHANGE ONLY   Bank Name/City/State_____

   Routing/Transit #:_____ ___ ___ ___ ___ ___   Account Number:_____

   ☐Checking   ☐Savings   ☐Other   I wish to deposit: $_____ . ____ **or** ☐ Entire Net Amount

ATTENTION PAYROLL DEPT:
Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.

Form S-71-2 (Revised 1/7/2011)