

# Employee Direct Deposit Enrollment Form

Company #: \_\_\_\_\_ Company Name: \_\_\_\_\_

To enroll in Full Service Direct Deposit, simply fill out this form and give to your payroll manager. **Attach a voided check for each checking account - 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. Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.

Your Name \_\_\_\_\_  
 Your Address \_\_\_\_\_  
 Your City, State, Zip \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_\_\_ 1111

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ Dollars

For \_\_\_\_\_

⑆123456789⑆ 000123456⑆ 1111

Routing Number      Account Number

**Please be advised that the initial direct deposit can take up to 10 business days, depending on the bank, to setup and process from the time of submission. For immediate direct deposit please check the box below "Override Pre-Note".**

**Override Pre-Note:** Please note that if any banking information provided to Paymedia is incorrect or invalid Paymedia is not responsible for any bank fees that may be incurred. There is a charge of \$18.00 due to Paymedia for every invalid/incorrect file sent.

**\*\*Payroll Manager Approval required (sign):** \_\_\_\_\_

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

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

**Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.**

1. Bank Name/City/State: \_\_\_\_\_

Routing Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking  Savings  Other

I wish to deposit: \$ \_\_\_\_\_ or  Entire Net Amount

2. Bank Name/City/State: \_\_\_\_\_

Routing Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking  Savings  Other

I wish to deposit: \$ \_\_\_\_\_ or  Entire Net Amount