



American Public University System

American Military University
American Public University



Employee Direct Deposit Enrollment Form

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. This will help ensure that you are paid correctly.

PLEASE PRINT

Name: _____

Account Information

Please indicate account type 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

Please attach voided check

IMPORTANT! Please read and sign before submitting.

I hereby authorize ADP/APUS 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 ADP to my account. 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 Signature: _____ Date: _____