***Employee Direct Deposit Enrollment Form***

To enroll in Full Service Direct Deposit, ﬁll out this form and give it to the payroll manager. Attach a voided check for each checking account to ensure accuracy – 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.

**Checking Account #**

**Check #**

**(this number matches the number in the upper right corner of the check— not needed for sign-up)**

**Routing/Transit #**

**(A 9-digit number always between these two marks)**

**Memo**

 012345678 123456789 0101

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

I hereby authorize Employer, either directly or through its payroll service provider, to deposit any amounts owed me, 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 Employer, either directly or through its payroll service provider, to my account. In the event that Employer deposits funds erroneously into my account, I authorize Employer, either directly or through its payroll service provider, 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 Employer and Bank have received written notice from me of its termination in such time and in such manner as to afford Employer and Bank reasonable opportunity to act on it.**

Employee Name (print):

 Social Security #: - -

Employee Signature:

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Account Information -** 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

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

Routing/Transit #:

Account Number:

 Checking \_\_\_ Savings \_\_\_ Other \_\_\_ I wish to deposit: $\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_ entire net amount

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

Routing/Transit #:

Account Number:

 Checking \_\_\_ Savings \_\_\_ Other \_\_\_ I wish to deposit: $\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_ entire net amount