



DIRECT DEPOSIT ENROLLMENT FORM

EMPLOYEE INFORMATION *(print and complete all fields)*

First Name	Middle Name	Last Name
Date of Birth (mm/dd/yyyy) ____/____/____	Social Security Number ____-____-____	Employee ID (if known)
Street Address		Apt # (if applicable)
City	State	Zip Code
Phone	Email Address	

Type of Account _____ Checking _____ Savings

Bank Routing # _____

Bank Account # _____

****Must include a voided check or direct deposit form from your banking institution when returning this form.**

I authorize my employer (or its payroll service provider) to initiate credit entries each pay date to deposit my pay (either net or a portion thereof) into the checking or savings account selected in this enrollment form. If funds to which I am not entitled are deposited to my Account, I authorize my employer (or its payroll service provider), to initiate any action to reverse or correct an erroneous credit entry to my Account and to direct the bank to return said funds to my employer (either directly or through its payroll service provider), to the extent permitted by applicable law. I will review my pay statement to ensure that my wages are being deposited correctly into my Account each payroll period. I understand that I can change my election at any time by contacting my employer and that this authorization replaces any previous authorizations and will remain in full force and effect until my employer (or its payroll service provider) has received written notification from me of its termination and my employer (or its payroll service provider) and the bank has had a reasonable opportunity to act on said termination.

Employee Signature _____ Date _____