



Payroll Direct Deposit Enrollment/Change Form

Employee Name _____ Employee Number _____

COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS

Type of Account	Bank Routing Number	Bank Account Number*	Financial Institution ("Bank") Name	I wish to deposit:
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> _____% of Net <input type="checkbox"/> Specific Dollar Amount \$_____.00 <input type="checkbox"/> Remainder of Net Pay
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> _____% of Net <input type="checkbox"/> Specific Dollar Amount \$_____.00 <input type="checkbox"/> Remainder of Net Pay
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> _____% of Net <input type="checkbox"/> Specific Dollar Amount \$_____.00 <input type="checkbox"/> Remainder of Net Pay

One of the following is required to process this enrollment (check one):

- Voided check with name imprinted (no starter checks)
- Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)
- Bank letter or specification sheet (the signature of your local bank representative **MUST** be included)

***Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.**

COMPLETE ONLY IF CHANGING EXISTING DEPOSIT AMOUNTS

Type of Account	Bank Routing Number	Bank Account Number*	Financial Institution ("Bank") Name	Change my deposit amount to:
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> From _____% to _____% of Net <input type="checkbox"/> From \$ _____.00 To \$ _____.00 <input type="checkbox"/> Remainder of Net Pay
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> From _____% to _____% of Net <input type="checkbox"/> From \$ _____.00 To \$ _____.00 <input type="checkbox"/> Remainder of Net Pay

EMPLOYEE CONFIRMATION STATEMENT

I authorize my employer to deposit my wages/salary into the bank accounts specified above. I agree that direct deposit transactions I authorize comply with all applicable law. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account. Further, I agree not to hold my employer responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.



Employee Signature _____ Date _____

OFFICE USE ONLY

Prenote #1 _____ Prenote #2 _____ Active _____