

DIRECT DEPOSIT ENROLLMENT AND CHANGE FORM

Payroll Department

COMPANY INFORMATION

COMPANY NAME _____

EMPLOYEE INFORMATION

EMPLOYEE FULL NAME _____

EMPLOYEE ID _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

PHONE NUMBER _____

EMAIL ADDRESS _____

ACTION TYPE

- NEW ENROLLMENT
 CHANGE ACCOUNT
 CANCEL DIRECT DEPOSIT

PRIMARY ACCOUNT INFORMATION

BANK NAME _____

ACCOUNT TYPE

- CHECKING
 SAVINGS

ROUTING TRANSIT NUMBER (9 DIGITS) _____

ACCOUNT NUMBER _____

DEPOSIT AMOUNT

- ENTIRE NET AMOUNT
 SPECIFIC % _____

SPECIFIC \$ AMOUNT
SECONDARY ACCOUNT INFORMATION (OPTIONAL)

BANK NAME _____

ACCOUNT TYPE

- CHECKING
 SAVINGS

ROUTING TRANSIT NUMBER (9 DIGITS) _____

ACCOUNT NUMBER _____

DEPOSIT AMOUNT

REMAINING BALANCE

SPECIFIC % _____

SPECIFIC \$ AMOUNT _____

AUTHORIZATION AND SIGNATURE

I hereby authorize the Company to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to my account(s) indicated above. This authorization is to remain in full force and effect until the Company has received written notification from me of its termination in such time and in such manner as to afford the Company and the Bank a reasonable opportunity to act on it.

EMPLOYEE SIGNATURE

DATE

ATTACH A VOIDED CHECK FOR CHECKING ACCOUNT(S) HERE

[Dashed box for attaching a voided check]