

Enrollment form for:

DirectDeposit



Important! Please read and sign before completing and submitting.

I hereby authorize my employer (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account, I authorize Company 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 Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security _____ - _____ - _____

Employee Signature: _____ Date: _____

ACCOUNT INFORMATION

You have the option of depositing your pay into multiple accounts. The last account indicated must be for the remaining amount owed to you. 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: _____

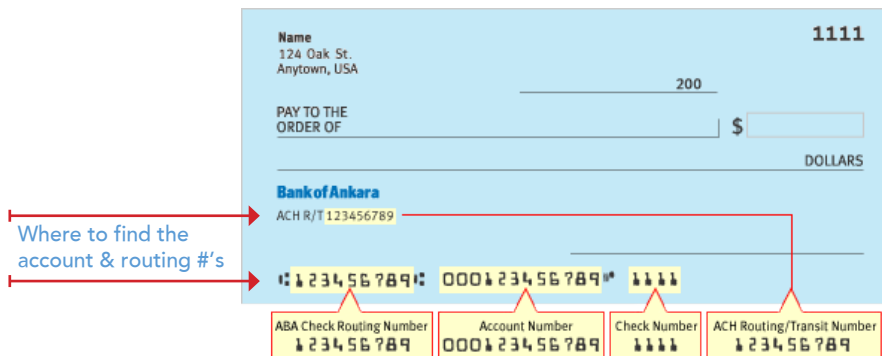
Routing/Transit#: _____ Account #: _____

Checking Savings Other I wish to deposit: \$ _____ or Entire Amount

2. Bank Name/City/State: _____

Routing/Transit#: _____ Account #: _____

Checking Savings Other I wish to deposit: \$ _____ or Entire Amount



New enrollments/ changes may take up to 2 pay periods to become effective. Should you close your account(s), please notify payroll immediately.

HR Use Only:

Entered by: _____

Date: _____