



Employee Direct Deposit Enrollment Form

General Instructions: (1) Fill out and sign this form, (2) Attach a voided check for each checking account (*not a deposit slip*), and (3) Return. If you want to deposit into a savings account, have your bank provide you with the account number and the routing and transit number (*it usually is not the number on a deposit slip*). See example at bottom.

Client: _____ Client # _____ Date _____

The undersigned hereby authorizes his or her employer or its designee ("Employer") to deposit any sums Employer owes to me into the bank or other financial institution ("Financial Institution") accounts identified below. The undersigned also authorizes Financial Institution to receive and accept any such deposits and credit the same to my account. If any deposit is made to my account in error by Employer, Financial Institution is authorized to return the erroneous payment to Employer and to debit my account for the same in an amount not to exceed the amount of the erroneous deposit. This authorization shall remain in effect until revoked by the undersigned in writing so as to allow Employer and Financial Institution a reasonable opportunity to act.

Printed Name: _____ Social Security # _____ - _____ - _____

Employee Signature: _____ Federal ID# _____

Employee Account Information. (*Last item must equal remaining balance. For more accounts, attach additional sheets.*)

____ New Account ____ Additional Account ____ Replacement Account

1. Bank Name, City, & State: _____

Routing & Transit Number: _____ Account Number: _____

Checking Savings Please deposit: \$ _____ . ____ or ____% or Entire Net Pay

____ New Account ____ Additional Account ____ Replacement Account

2. Bank Name, City, & State: _____

Routing & Transit Number: _____ Account Number: _____

Checking Savings Please deposit: \$ _____ . ____ or ____% or Remaining Net Pay

Checking Account # (usually follows the Routing & Transit #)

Routing & Transit # (9 digit number between these two symbols)

John & Jane Doe
123 Your Street
Anywhere, USA 12345

Date _____ 2001

Pay To The Order Of _____ \$ _____

ATTACH VOIDED CHECK DOLLARS

YOUR BANK
123 Your Bank's Street
Anywhere, USA 12345

Memo _____

⑆0 234 76 78⑆ ⑆ 234 56 789⑆ ⑆ 200 ⑆⑆

Check Number (is *not* needed to complete this form)

Attn Clients: Keep a copy of enrollment form on file as long as the Employee is active and for 2 years afterward