



Direct Deposit Enrollment Form

To enroll in Direct Deposit, simply fill out this form and give it to your payroll manager with a voided check for each checking account – NOT A DEPOSIT SLIP. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check detailing where the information necessary to complete this form can be found.

TIP Call your financial institution to make sure they will accept direct deposits.

TIP Verify your account number and routing transit number with your financial institution

TIP Do not use a deposit slip to verify the routing number.

JOHN PUBLIC	1234
123 Main Street	_____ 19 _____
Your Town, FL 12345	
PAY TO THE ORDER OF _____ \$ _____	
Your Town Bank	DOLLARS
Your Town, FL 12345	
For _____	
⑆250000005⑆ 1234556789022⑆	

Routing Transit Number

Account Number

NOTE: THE ACCOUNT AND ROUTING NUMBER MAY APPEAR IN DIFFERENT PLACES ON YOUR CHECK.

ACCOUNT INFORMATION

You may choose up to three accounts below. (Your last item must be for the remaining amount owed to you.)

1. Bank Name, City, State: _____

Routing/Transit Number: _____

Account Number: _____

Type of account: Checking Savings I wish to deposit \$ _____ OR Entire Net Amount

2. Bank Name, City, State: _____

Routing/Transit Number: _____

Account Number: _____

Type of account: Checking Savings I wish to deposit \$ _____ OR Entire Net Amount

3. Bank Name, City, State: _____

Routing/Transit Number: _____

Account Number: _____

Type of account: Checking Savings I wish to deposit \$ _____ OR Entire Net Amount

PLEASE READ AND SIGN BELOW BEFORE SUBMITTING:

I hereby authorize my employer (hereinafter "Company") to deposit any amounts owed by my initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on both sides of 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.

Name: _____ Social Security Number: _____

Signature: _____ Date: _____