



## Direct Deposit Enrollment Form

Company: \_\_\_\_\_

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.

<b>TIP</b> Call your financial institution to make sure they will accept direct deposits.	JOHN PUBLIC 123 Main Street Your Town, FL 12345	1234
<b>TIP</b> Verify your account number and routing transit number with your financial institution	PAY TO THE ORDER OF _____ \$ _____	
<b>TIP</b> Do not use a deposit slip to verify the routing number.	Your Town Bank Your Town, FL 12345	DOLLARS
Routing Transit Number	For _____	
Account Number	⑆250000005⑆ 1234556789022⑆	

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 (9 digits): \_\_\_\_\_

Account Number: \_\_\_\_\_

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

2. Bank Name, City, State: \_\_\_\_\_

Routing/Transit Number (9 digits): \_\_\_\_\_

Account Number: \_\_\_\_\_

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

3. Bank Name, City, State: \_\_\_\_\_

Routing/Transit Number (9 digits): \_\_\_\_\_

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 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: \_\_\_\_\_