

Employee Direct Deposit Enrollment Form

Instruction: To enroll in Direct Deposit, simply fill out this form and give it to your payroll manager.
Attach 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.

Employer Name: _____
Employer PayYes Acct. No.: _____
Federal ID No.: _____

Please read and sign before completing and submitting.

I hereby authorize Employer, either directly or through its payroll service provider, to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Employer, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of erroneous credit. This authorization is to remain in full force and effect until Employer and Bank have received written notice from me of its termination in such time and in such manner as to afford Employer and Bank reasonable opportunity to act on it.

Employee Name: _____ SSN: _____
Employee Signature: _____ Date: _____

Account Information

1. Bank Name & Address: _____
Routing/Transit #: _____ Account Number: _____
Checking _____ Savings _____ Other _____
I wish to deposit(check one):
____ Entire Net Pay ____ Specific Dollar Amount \$ _____
2. Bank Name & Address: _____
Routing/Transit #: _____ Account Number: _____
Checking _____ Savings _____ Other _____
I wish to deposit(check one):
____ Entire Net Pay ____ Specific Dollar Amount \$ _____
3. Bank Name & Address: _____
Routing/Transit #: _____ Account Number: _____
Checking _____ Savings _____ Other _____
I wish to deposit(check one):
____ Entire Net Pay ____ Specific Dollar Amount \$ _____

PayYes Use Only

Received by: _____ Date: _____
Completed by: _____ Date: _____