

Direct Deposit Enrollment/Change Form

NEW REQUEST

CHANGE

CANCEL

all accounts

only the account checked below

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Cancel this account										
Account #1 _____		<input type="checkbox"/> Make a change to this account										
Bank/Financial Institution _____		Phone _____										
Transit/ABA number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											Call bank to verify/obtain transit and account number	
Account Number _____	Check <input type="checkbox"/>	after verifying both numbers with bank										
<input type="checkbox"/> Deposit Full amount into this account (or balance of net after amount below)												
For changes only- <input type="checkbox"/> Deposit \$ _____ into this account												

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Cancel this account										
Account #2 _____		<input type="checkbox"/> Make a change to this account										
Bank/Financial Institution _____		Phone _____										
Transit/ABA number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											Call bank to verify/obtain transit and account number	
Account Number _____	Check <input type="checkbox"/>	after verifying both numbers with bank										
<input type="checkbox"/> Please deposit \$ _____ or _____ % into this account.												
For changes only- <input type="checkbox"/> Deposit \$ _____ into this account												

- I authorize the company to initiate credit entries and if necessary, to initiate debit entries for any entries made in error on my account(s) listed.
- This authorization will remain in effect until Payroll receives written notification from me, which gives payroll a reasonable time to act upon it, or my employment is terminated.

I have completed this form accurately and if filled out incorrectly could result in a delay of the direct deposit going into effect. It is my responsibility to verify deposit of my earnings before making withdrawals from or debits against the above accounts.

Date _____	Employee Name - PRINT _____
	Employee Signature _____
	Last Four of SSN _____