

## DIRECT DEPOSIT ENROLLMENT FORM

### AUTHORIZATION

I authorize my employer to deposit my net pay each payday directly into my account. This authority will remain in effect until I have given notice to my employer to terminate this service.

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Deposit Account # 1** Check One:  Checking       Savings

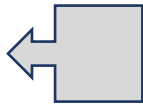
\_\_\_\_\_  
Routing Number (ABA #) 9-digit number      Account Number

Dollar amount to be deposited \$ \_\_\_\_\_ Or  Entire Net Amount

### **Deposit Account # 2** (Remainder to be deposited to this account)

Check One:  Checking       Savings

\_\_\_\_\_  
Routing Number (ABA #) 9-digit number      Account Number



**Existing checking account holders; staple a personal check by arrow with the word "void" written in Large letters across the face of the check. Do not sign the check.**

Please return this form to your Payroll Department to complete the enrollment process. Once the information is entered in, it becomes a pre-note for one payroll cycle. Direct Deposit should start the following payroll cycle.

