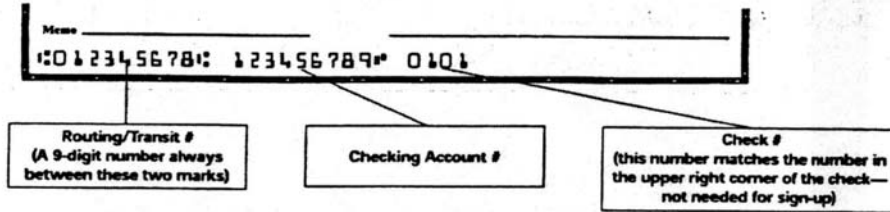




# Employee Direct Deposit Enrollment Form

To enroll in direct deposit, fill out this form and return it to our offices. Attach a voided check for each account into which you would like to have money deposited. Do not attach Deposit Slips. If this is going into a savings account you will need to get the Routing/Transit number from your banking institution. This is necessary to insure that your money is correctly deposited.

Below is a sample of the MICR printing on a check. This provides the information necessary to make deposits to your account.



### Account Information

Please fill in the following information to tell us how you want your deposits distributed. Please be sure to indicate the Type of Account and the correct amount to be deposited from your pay.

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Bank or Institution: \_\_\_\_\_

Routing/Transit Number: \_\_\_\_\_ Account No: \_\_\_\_\_

Checking    Savings    Other    I wish to Deposit: \$ \_\_\_\_\_ or    Entire Net Amount

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Bank or Institution: \_\_\_\_\_

Routing/Transit Number: \_\_\_\_\_ Account No: \_\_\_\_\_

Checking    Savings    Other    I wish to Deposit: \$ \_\_\_\_\_ or    Entire Net Amount

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Bank or Institution: \_\_\_\_\_

Routing/Transit Number: \_\_\_\_\_ Account No: \_\_\_\_\_

Checking    Savings    Other    I wish to Deposit: \$ \_\_\_\_\_ or    Entire Net Amount

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### Authorization

I hereby authorize my employer ( hereafter "Company") to deposit any amounts owed me by initiating credit entries to my account at the financial institution(s) (hereafter "Bank") indicated on this form. Further I authorize the Bank to accept and to credit any credit entries indicated by the Company to my account(s). In the event the Company deposits funds erroneously into my account, I authorize the Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

The authorization is to remain in full force and effect until the Company and Bank have received written notice from me of it's termination in such time and in such manner as to afford the Company and Bank reasonable opportunity to act on it.

Employee Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

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