

DIRECT DEPOSIT ENROLLMENT/CHANGE FORM

Employee Name: _____

EMPLOYEE: Retain a copy of this form for your records. Return the original to HR.

COMPLETE TO ENROLL/ADD/CHANGE BANK ACCOUNTS – PLEASE PRINT IN BLACK/BLUE INK ONLY

Type of Account	Routing/Transit Number	Checking/Savings Account Number	Financial Institution (“Bank”) Name	I wish to deposit (check one):
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> ____% of Net <input type="checkbox"/> Specific Dollar Amount \$____.00 <input type="checkbox"/> Remainder of Net Pay
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> ____% of Net <input type="checkbox"/> Specific Dollar Amount \$____.00 <input type="checkbox"/> Remainder of Net Pay

One of the following is required to process this enrollment (check one):

- Voided check with name imprinted (no starter/temporary checks)
- Deposit slip (only accepted if the verbiage “ACH R/T” appears before the routing number)
- Bank letter or specification sheet (the signature of your local bank representative MUST be included)
- Other Bank Documentation from your Financial Institution

**EMPLOYEE CONFIRMATION STATEMENT
PLEASE SIGN IN BLUE/BLACK INK ONLY**

I authorize my employer to deposit my wages/salary into the bank accounts specified above. I agree that direct deposit transactions I authorize comply with all applicable law. My signature below indicates that I am agreeing that I am either the account holder or have the authority of the account holder to authorize my employer to make direct deposits into the named account.

Employee Signature

Date

Received by HR on: _____ **Documentation attached?** _____