



PAYROLL DIRECT DEPOSIT

EMPLOYEE FULL NAME (Print clearly): _____

- I DO NOT WISH TO ENROLL IN PAYROLL DIRECT DEPOSIT AT THIS TIME.
- I WISH TO ENROLL IN PAYROLL DIRECT DEPOSIT, MY ACCOUNTS ARE LISTED BELOW.
- I WISH TO CANCEL MY ENROLLMENT IN PAYROLL DIRECT DEPOSIT.

DATE: _____

SIGNATURE AUTHORIZATION: _____

***** A VOIDED CHECK OR BANK LETTER IS REQUIRED FOR EACH ACCOUNT *****

DIRECT DEPOSIT #1	
<i>BANK INFORMATION</i>	<i>ACCOUNT INFORMATION</i>
(Circle One) Same New Change Cancel	(Circle One) Same New Change Cancel
BANK NAME:	ACCOUNT TYPE (Circle One): CHECKING SAVINGS
BANK ADDRESS:	BANK TRANSIT #:
	ACCOUNT #:
BANK PHONE #: ()	(Circle): (FULL DEPOSIT) (PARTIAL AMT \$) (REMAINDER OF NET)

DIRECT DEPOSIT #2	
<i>BANK INFORMATION</i>	<i>ACCOUNT INFORMATION</i>
(Circle One) Same New Change Cancel	(Circle One) Same New Change Cancel
BANK NAME:	ACCOUNT TYPE (Circle One): CHECKING SAVINGS
BANK ADDRESS:	BANK TRANSIT #:
	ACCOUNT #:
BANK PHONE #: ()	(Circle): (FULL DEPOSIT) (PARTIAL AMT \$) (REMAINDER OF NET)

DIRECT DEPOSIT #3	
<i>BANK INFORMATION</i>	<i>ACCOUNT INFORMATION</i>
(Circle One) Same New Change Cancel	(Circle One) Same New Change Cancel
BANK NAME:	ACCOUNT TYPE (Circle One): CHECKING SAVINGS
BANK ADDRESS:	BANK TRANSIT #:
	ACCOUNT #:
BANK PHONE #: ()	(Circle): (FULL DEPOSIT) (PARTIAL AMT \$) (REMAINDER OF NET)

All employees have the opportunity to make Direct Deposits of payroll checks. This service allows each individual the following choices:

- Full amount of payroll check deposited into checking or savings account(s). OR
- Partial amount of payroll check deposited into checking account(s) and partial amount deposited into saving(s).
- Maximum of **three** Direct Deposit accounts.

When you use Direct Deposit, your funds are available by 3:00 pm on payday (Friday). An Earnings Statement will be mailed to you with information regarding hours worked, wages earned, and tax withholdings. **By enrolling in Direct Deposit, you are agreeing that all payroll checks (including final termination payroll checks) will be deposited in your designated accounts.**

Please complete this form and return to the payroll department. If you have questions about completing this form please take it to your bank and consult the customer service representative. This form must be used to make a change to your existing bank, account information, or to cancel automatic deposit(s).

NOTE: Your automatic payroll deposit will not be in effect for at least 10-15 days after receipt of form.