



Direct Deposit Enrollment/Change Form

EMPLOYEE – REQUIRED INFORMATION

PLEASE PRINT IN BLACK INK ONLY

Employee Name _____

Last four digits of Social Security Number ____ _

Please complete all sections of this form.

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

EMPLOYER: Retain on file after updating the employee record.

COMPLETE TO ENROLL OR CHANGE ENROLLMENT IN DIRECT DEPOSIT – PLEASE PRINT IN BLACK INK ONLY

Bank Account Number*	Type of Account	Financial Institution ("Bank") Name & ROUTING NUMBER	Deposit Type (check one):	Change My Deposit Amount to:
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		<input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> _____% of Net <input type="checkbox"/> Specific Dollar Amount \$_____.00	<input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> _____% of Net <input type="checkbox"/> Specific Dollar Amount \$_____.00 <input type="checkbox"/> Remove from Direct Deposit
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		<input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> _____% of Net <input type="checkbox"/> Specific Dollar Amount \$_____.00	<input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> _____% of Net <input type="checkbox"/> Specific Dollar Amount \$_____.00 <input type="checkbox"/> Remove from Direct Deposit
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		<input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> _____% of Net <input type="checkbox"/> Specific Dollar Amount \$_____.00	<input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> _____% of Net <input type="checkbox"/> Specific Dollar Amount \$_____.00 <input type="checkbox"/> Remove from Direct Deposit

Please attach one of the following for Checking or Savings accounts (check one):

- ☐ Voided check with name imprinted (no starter 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)

*Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.

EMPLOYEE CONFIRMATION STATEMENT

PLEASE PRINT IN BLACK INK ONLY

I authorize my employer to deposit my wages/salary into the bank account(s) specified above. My signature below verifies that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account(s).

Employee Signature: _____ **Date:** _____

Accountholder Signature: _____
(if Employee's name does not appear on bank documentation)

Note: Digital or Electronic Signatures are **not** acceptable.