



DIRECT DEPOSIT ENROLLMENT FORM

Date: _____
Employee Name: _____
Employee SS# _____
Financial Institution: _____
Branch: _____
City: _____ State: _____ Zip Code: _____
Account Number: _____
Routing Number: _____
Phone # of Financial Institution: _____

I understand that my signature below gives my employer the authorization to initiate entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my _____ CHECKING _____ SAVINGS account (select one) that I have specified above. I also authorize the Financial Institution to credit and/or debit the same to such account. I understand it may be the Financial Institutions policy to post the availability of funds at a later time than transferred. It is my responsibility to call my Financial Institution's ACH Department to find out when the funds will be posted. This authority is to remain in full force and effect until my employer has received written notification from me of its termination in such a manner as to afford my employer and Financial Institution a reasonable opportunity to act on it. When a \$.10 deposit has hit your account please notify your employer and they will then activate your direct deposit.

Employee Signature Date

-----**FOR OFFICE USE ONLY**-----

Prenote 1 _____ Prenote 2 _____
Date Entered _____ Date of Execution _____

Comments: _____

PLEASE ATTACH VOIDED CHECK

