Employee Direct Deposit Enrollment Form

General Instructions: (1) Fill out and sign this form, (2) <u>Attach a voided check</u> for each checking account (*not a deposit slip*), and (3) Return this to **Payroll Data, Inc**. If you want to deposit into a savings account or another type of account, have your bank provide you with the account number and the routing and transit number. See example at bottom of page.

Company: _____

Important! Employees, please read and sign the following before you complete and submit your account information.

The undersigned hereby authorizes his or her employer or its designee ("Employer") to deposit any sums Employer owes to me into the bank or other financial institution ("Financial Institution") accounts identified below. The undersigned also authorizes Financial Institution to receive and accept any such deposits and credit the same to my account. If any deposit is made to my account in error by Employer, Financial Institution is authorized to return the erroneous payment to Employer and to debit my account for the same in an amount not to exceed the amount of the erroneous deposit. This authorization shall remain in effect until revoked by the undersigned in writing so as to allow Employer and Financial Institution a reasonable opportunity to act.

Printed Name: _____ Social Security #: ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Employee Signature: _____ Date: _____

Employee Account Information (*Last item must equal remaining balance. For more accounts, attach additional sheets*).

____New Account   ____Additional Account   ____Replacement Account

1. Bank Name, City, & State: _____

   Routing & Transit Number: ___ ___ ___ ___ ___ ___ ___ ___ ___   Account Number: _____

   ☐ Checking   ☐ Savings   Please deposit: $ _____ . ____   or _____%   or ☐ Entire Net Pay

____New Account   ____Additional Account   ____Replacement Account

2. Bank Name, City, & State: _____

   Routing & Transit Number: ___ ___ ___ ___ ___ ___ ___ ___ ___   Account Number: _____

   ☐ Checking   ☐ Savings   Please deposit: $ _____ . ____   or _____%   or ☐ Remaining Net Pay

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Checking Account # (usually follows the Routing & Transit #)

Routing & Transit # (9 digit number between these two symbols)

John & Jane Doe
123 Your Street
Anywhere, USA 12345   2001

Date _____

Pay To The
Order Of _____ $ [   ]

ATTACH VOIDED CHECK   DOLLARS

YOUR BANK
123 Your Bank's Street
Anywhere, USA 12345

Memo _____   _____

&012347678&   123456789/   /2001/

Check Number (is not needed to complete this form)

Attention Employers: Keep each copy of enrollment form on file as long as the employee is active and for two years afterward