



DIRECT DEPOSIT ENROLLMENT / CHANGE FORM

Employee Name: _____

SSN: XXX-XX-_____

COMPLETE THE INFORMATION BELOW TO ENROLL OF CHANGE ENROLLMENT IN DIRECT DEPOSIT

Bank Name	Account #	Account Type	I wish to 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 Amount \$ _____ <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 Amount \$ _____ <input type="checkbox"/> Remove from Direct Deposit

ATTACH ONE OF THE FOLLOWING FOR EACH ACCOUNT INDICATED ABOVE.

Voided copy of a check

Bank letter or specification Sheet signed by a bank representative

EMPLOYEE AUTHORIZATION STATEMENT

I hereby authorize my employer to deposit my wages into the bank account(s) indicated on this form and initiate (if necessary) debit entries or adjustments for any credit entries in error to my account. I attest that the associated transactions authorized under this agreement will not be international ACH transactions (IAT). IATs shall include credit or debit entries involving a financial agency (an entity authorized to accept deposits, transfer funds, or issue money orders), if the office of financial agency that is involved in the payment transaction (holding accounts that are debited or credited, receiving or making payments or serving as an intermediary in any part of the transaction) is outside of the US.

EMPLOYEE SIGNATURE: _____

DATE: _____

COMPANY APPROVAL

COMPANY NAME: _____

COMPANY SIGNATURE: _____

DATE: _____