



Employee Enrollment

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|--|---------------|------------------------------|-----------------|
| Company Name: | | Company Number: | |
| Employee Name: Last, First, Middle Initial | | Date of Birth: | Sex: |
| E-Mail: | | Phone Number: | |
| Hire Date: | Work State: | Pay Type: Hourly / Salary | Pay Rate: |
| Paid Time Off: | Accrual Type: | Earned: | Taken: Balance: |
| Special Instructions: | | | |

Direct Deposit

To enroll in full service Direct Deposit, please attach a voided check for each account.

If you are depositing into a savings account, ask your bank to provide you with the Routing/Transit Number for your account, as it is not always the same as the number on savings deposit slip.

I, [Employee] _____ : hereby

- o **authorize** my employer, _____ and its agents, including financial institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed below. This authorization will remain in effect until I have informed my employer in writing that I wish to cancel it and my employer has had reasonable time to effect such cancellation. I understand I should contact my bank to verify receipt of funds.
- o **cancel** direct deposit of my paycheck completely. This cancellation is to take effect immediately and remain in full force and effect until the Company has received written notification from me of authorization to deposit my paycheck automatically. I acknowledge that I will now receive paychecks for which I am responsible for depositing and/or cashing.

Employee's Signature _____ Date: ____/____/____