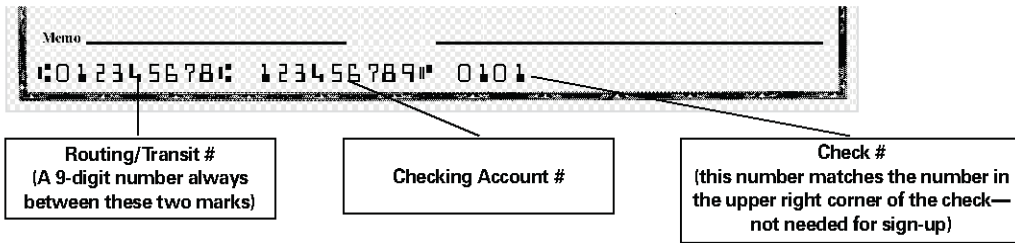# *Employee Direct Deposit Enrollment Form*

Payroll Manager—Please complete this section and enter data into your ADP Payroll system for employee enrollment. Then contact your CSR or AE for further instructions on how to update your employee's direct deposit information to ADP. NOTE: YOUR COMPANY NAME MUST BE FILLED IN BEFORE DISTRIBUTING THIS FORM TO YOUR EMPLOYEE FOR COMPLETION. (Please print.)

Company Code: _____ Company Name: _____ Employee File Number: _____

Payroll Mgr. Name: _____Payroll Mgr. Signature: _____

To enroll in Full Service Direct Deposit, simply fill out this form and give it to your payroll manager. Attach a voided check for each checking account – not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.

Memo _____   _____

⑆0123456780⑆ 123456789⑈ 0101

| Routing/Transit #
(A 9-digit number always between these two marks) | Checking Account # | Check #
(this number matches the number in the upper right corner of the check—not needed for sign-up) |

Important! Please read and sign before completing and submitting.

I hereby authorize Employer, either directly or through its payroll service provider, to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Employer, either directly or through its payroll service provider, to my account. Unless prohibited by applicable law, in the event that Employer deposits funds erroneously into my account, I authorize Employer, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Employer and Bank have received written notice from me of its termination in such time and in such manner as to afford Employer and Bank reasonable opportunity to act on it.

Employee Name: _____

Employee Signature: _____ Date: _____

Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form.
Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

1. Bank Name/City/State: _____

Routing/Transit #: __ __ __ __ __ __ __ __ __ Account Number:_____

☐Checking ☐ Savings ☐ Other I wish to deposit: $ _____ . ____ or ☐ Entire Net Amount

2. Bank Name/City/State: _____

Routing/Transit #: __ __ __ __ __ __ __ __ __ Account Number:_____

☐Checking ☐ Savings ☐ Other I wish to deposit: $ _____ . ____ or ☐ Entire Net Amount

3. Bank Name/City/State: _____

Routing/Transit #: __ __ __ __ __ __ __ __ __ Account Number:_____

☐Checking ☐ Savings ☐ Other I wish to deposit: $ _____ . ____ or ☐ Entire Net Amount

ATTENTION PAYROLL MANAGER:
Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.