

_____ EMPLOYEE DIRECT DEPOSIT ENROLLMENT FORM

REQUIRE DOCUMENTATION

ATTACHED VOIDED CHECK OR LETTER FROM YOUR BANK WITH YOUR REQUEST

EMPLOYEE NAME:- _____

SHOP#:- _____

SOCIAL SECURITY #:- _____

ACCOUNT # INFORMATION

ACCOUNT NUMBER _____.

CHECKING: ____ SAVINGS: ____

DEPOSIT AMOUNT: ____ DEPOSIT %: ____ DEPOSIT ENTIRE PAY: ____.

IMPORTANT!! Employee must read and sign following before you complete and submit your account information

The undersigned hereby authorizes his or her employee or its designee (Employer) to deposit any sums employer owes to me into the bank or other financial institution (Financial Institution) Account 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 debit my account for the same in an account not to exceed the amount of the erroneous deposit. The 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.

I _____ understand that in event of Bank account Number or Financial Institution information change it is my responsibility to inform Company payroll department as soon as Possible with New or correct information

Employee Signature:- _____

Date:- _____