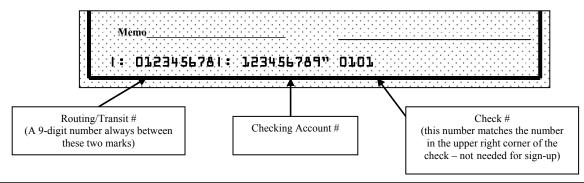
Employee Direct Deposit Enrollment Form



i ayrun Manager	- Please complete this section	n and send a copy to AD1 10	r enronment. (r lease print.)	eomojosyr	ve dödelee num
Company Code:	Company Name:		Employee File Number:		
				payroii_	mgr_blejmæt
Payroll Mgr. Name:		Payroll Mgr. Signature:			

To enroll in Full Service Direct Deposit, simply fill out this form and give 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.



IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize ADP to deposit any amounts owed me, as instructed by my employer, 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 ADP to my account. In the even that ADP deposits funds erroneously into my account, I authorize ADP 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 ADP and Bank have received written notice from me of its termination in such time and in such manner as to afford ADP and Bank reasonable opportunity to act on it.

Employee Name:	Social Security #:		
employee_signature	signature_date		
Employee Signature:	Date:		
Employee Email:		employee_email	

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.

				bank1_name_city_state
1.	Bank Name/City/State:			
		bank1_routing		bank1_account
	Routing Transit #: bank1_checking bank1_savings bank1_other	Account Number:		
			<mark>baibiankantaneno</mark> u	
	☐ Checking ☐ Savings ☐ Other	I wish to deposit: \$	or Entire Ne	t Amount
				hank? name situ state
_	D 137 (01) (0)			bank2_name_city_state
2.	Bank Name/City/State:			
		bank2_routing		bank2_account
	Routing Transit #: bank2_checking bank2_savings bank2_other —	Account Number:		
	bank2_checking bank2_savings bank2_other		baibian kantareno u	ınt
	☐ Checking ☐ Savings ☐ Other	I wish to deposit: \$	or Entire Ne	t Amount
				bank3_name_city_state
3	Bank Name/City/State:			
٥.	Built I tulifor City State.	bank3_routing		bank3_account
	Routing Transit #: bank3_checking bank3_savings bank3_other —	Account Number:		
	bank3_checking bank3_savings bank3_other		babbanken areo u	
	☐ Checking ☐ Savings ☐ Other	I wish to deposit: \$	or Entire Ne	t 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.