



Employee Direct Deposit Enrollment Form

Payroll Manager – Please complete this section and send a copy to ADP for enrollment. (Please print.)

Company Code: _____ Company Name: Hotel Property Employee File #: _____
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.

Memo _____	\$ _____	
012345678	123456789	0101
Routing/Transit #	Checking Account #	Check #

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 event 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 Information

Employee Name: Test Employee Social Security #: XXX-XX-6789 Date: 08/06/2025
Employee Email: _____

Account Information

Please include a voided check or bank letter for each account. The last item must be for the remaining amount owed to you.

Direct Deposit

Account 1 (Primary):

Bank Name/City/State: Wells Fargo Bank

Routing Number: 121000248

Account Number: *****7890

☒ Checking ☐ Savings

Amount: \$ _____ or Percentage: 100%

Employee Authorization

Employee Signature: _____ Date: 08/06/2025

Changes or cancellations will take effect 1-2 pay periods after receipt by your payroll office.

For ADP Use Only: Processing Date _____ Processor Initials _____