



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: _____ Employee File Number: _____

Payroll Mgr. Name: _____ Payroll Mgr. Signature: _____

employee_id_number
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 _____		
1: 0123456781: 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 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 Name: _____

Social Security #: _____ - _____ - _____

Employee Signature: _____

Date: _____

Employee Email: _____

employee_n

signature_date

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.

1. Bank Name/City/State: _____

bank1_name_city_state

Routing Transit #: _____

bank1_routing

Account Number: _____

bank1_account

bank1_checking bank1_savings bank1_other

☐ Checking ☐ Savings ☐ Other

I wish to deposit: \$ _____ or ☐ Entire Net Amount

bank1_name

2. Bank Name/City/State: _____

bank2_name_city_state

Routing Transit #: _____

bank2_routing

Account Number: _____

bank2_account

bank2_checking bank2_savings bank2_other

☐ Checking ☐ Savings ☐ Other

I wish to deposit: \$ _____ or ☐ Entire Net Amount

bank2_name

3. Bank Name/City/State: _____

bank3_name_city_state

Routing Transit #: _____

bank3_routing

Account Number: _____

bank3_account

bank3_checking bank3_savings bank3_other

☐ Checking ☐ Savings ☐ Other

I wish to deposit: \$ _____ or ☐ Entire Net Amount

bank3_name

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.