

# Employee Direct Deposit Enrollment Form

## Employee Information

Employee Name:

Social Security #:

Employee Email:

## Account Information

Bank Name/City/State:

Routing Transit #:

Account Number:

Account Type:

Deposit Amount: \$0.00

## Authorization

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 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_