

Direct Deposit Enrollment Form

Before you enroll in Direct Deposit, verify with your financial institution that the correct routing and account number is shown on your check and then simply fill out the attached form and give it to the payroll manager. Supply a voided check for each account listed below. This will help ensure that you are paid correctly.

I hereby authorize the Temple Daily Telegram (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my account(s) at the financial institution(s) (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. **In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.**

EMPLOYEE NAME _____

EMAIL ADDRESS (Required) _____

Check stubs will be electronically delivered to this address with the close of each payroll.

SUPPLY A VOIDED CHECK FOR EACH ACCOUNT LISTED

You may deposit earnings over multiple accounts.

Your last entry must be for the remaining amount owed to you.

1. Bank Name: _____ Routing Number: _____

Bank Account Number: _____ ☐ Checking ☐ Savings

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

2. Bank Name: _____ Routing Number: _____

Bank Account Number: _____ ☐ Checking ☐ Savings

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

3. Bank Name: _____ Routing Number: _____

Bank Account Number: _____ ☐ Checking ☐ Savings

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

This authorization is to remain in full force and effect until Company has received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it. Terminate any Direct Deposit agreement previously entered into by me and Company as of the date of this document.

Employee Signature: _____

Date: _____