

ADP *Employee Direct Deposit Enrollment Form*

Payroll Manager—Please complete this section.

Company Code: _____ Company Name: _____ Date: _____

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

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

The image shows a sample MICR line from a check:
Memo _____
⑆012345678⑆ 123456789⑆ 0101
Below the line are three callout boxes:
1. Routing/Transit # (A 9-digit number always between these two marks) - points to the 012345678 sequence.
2. Checking Account # - points to the 123456789 sequence.
3. Check # (this number matches the number in the upper right corner of the check—not needed for sign-up) - points to the 0101 sequence.

Important! Please read and sign before completing and submitting.

I hereby authorize my employer (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. Unless prohibited by applicable law, in the event that Employer deposits funds erroneously into my account, I authorize Employer, either directly or through its payroll service provider, 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 Company and Bank have 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.

Employee Name: _____

Employee Signature: _____ Date: _____

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: _____

Routing/Transit #: _____ Account Number: _____

☐ Checking ☐ Savings ☐ Other I wish to deposit: \$ _____ . ____ or ☐ Entire Net Amount or % _____

2. Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

☐ Checking ☐ Savings ☐ Other I wish to deposit: \$ _____ . ____ or ☐ Entire Net Amount or % _____

3. Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

☐ Checking ☐ Savings ☐ Other I wish to deposit: \$ _____ . ____ or ☐ Entire Net Amount or % _____

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.