

Employer _____

Direct Deposit Enrollment / Change Form

Request For (Check Only One)

Initial Request Change Cancellation

Personal Data

Employee Name: _____

Social Security Number: _____

Address: _____

City, State, Zip Code: _____

Is this a change of address? Yes No

Financial Institution Data

Financial Institution: _____

Transit #: _____

Account #: _____

If less than 100% of your net pay is to be deposited to the account noted, please indicate amount or percentage to be deposited _____

Type of Account Checking Savings

Authorization

I authorize my employer and the financial institution named above to deposit automatically my net pay to my account. This authorization includes my consent to reverse any entries made in error. This authorization will remain in effect until I give written notice of cancellation.

Employee Signature _____ Date _____

Attach Voided Check Here
(Do Not Use Deposit Ticket)