

## Direct Deposit Enrollment Request Form – Payroll

### Authorization agreement for automatic deposits (ACH credits)

Company (Employer) Name \_\_\_\_\_

I authorize the above named Company and financial institution (below) to electronically deposit my net pay to the specified account each payday.

**Account 1:**

Select one:  Checking \_\_\_\_\_ Amount or %

Savings \_\_\_\_\_ Amount or %

Account Number \_\_\_\_\_

ACH Routing Number \_\_\_\_\_

**Account 2:**

Select one:  Checking \_\_\_\_\_ Amount or %

Savings \_\_\_\_\_ Amount or %

Account Number \_\_\_\_\_

ACH Routing Number \_\_\_\_\_

If monies to which I am not entitled are deposited into my account, I authorize the Company (issuer) to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization, or until the authorization is revoked by me, in writing, or upon termination of my employment with said Company.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Date