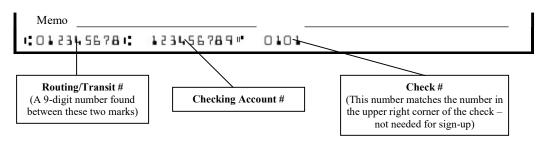# wp

Employee Direct Deposit Enrollment Form

> *Since our Payroll system is set up for direct deposit, it is important that you fill out this form and submit it to the Office of Human Resources as soon as possible, along with a voided check. Thank you for your attention to this matter.*

If depositing to multiple accounts, **please attach a voided check for each account listed** – **deposit slips will not be accepted**. 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. Please note, however, that not all checks use this numbering system, so it is essential that you **also attach a voided check**.

Memo _____   _____

⑆01234567⑆ 123456789⑈ 0101

Routing/Transit #
(A 9-digit number found between these two marks)

Checking Account #

Check #
(This number matches the number in the upper right corner of the check – not needed for sign-up)

Important! Please read and sign before completing and submitting.

I hereby authorize Employer, either directly or through its payroll service provider, to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Employer, either directly or through its payroll service provider, to my account. 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 Employer has received written notice from me of its termination in such time and in such manner as to afford Employer and Bank reasonable opportunity to act on it.

Employee Name: _____   Social Security #: _____ - _____ - _____

Employee Signature: _____   Date: _____

Account Information
The last item must be for the remaining amount owed to you.

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

2. Bank Name/City/State: _____
    Routing/Transit #: _____   Account Number: _____
    ☐ Checking   ☐ Savings   ☐ Other   I wish to deposit: $ _____._____ or ☐ Entire Net Amount

3. Bank Name/City/State: _____
    Routing/Transit #: _____   Account Number: _____
    ☐ Checking   ☐ Savings   ☐ Other   I wish to deposit: $ _____._____ or ☐ Entire Net Amount