Direct Deposit Processing Request

To be completed for all new enrollments. Changes of enrollment and cancellation of enrollment in direct deposit.

Instructions: (1) Check type of request desired. (2) complete section as indicated. (3) attached required documentation (if section B is completed). (4) sign and date below in the spaces provided

Type of Request O **New** Complete Section A & B O **Change** Complete A & B O **Cancellation** Complete Section A & C

Section A- General Information

Employee Name (Last)	(First)	(Middle Initial)	Employee #	Work Location

Section B- New Enrollment or Change of Enrollment

Account 1 (**check one)** **Complete if new enrollment or if requesting change of enrollment. Indicate request change(s).**

O Full Net Pay O Fixed Portion of Net Pay If fixed portion is selected remainder of net pay must be deposited into Account 2. Fixed portion amount must be whole dollar amount (i.e. no cents)

Fixed Portion Amount $ _____ Bank: _____

Account Number : _____ Branch: _____
Address _____

O Savings O Checking (check one)

If depositing in checking account, indicate ABA number which appears on bottom of your personal check between the markings as shown below. or if depositing in a savings account, obtain ABA number from bank.

I:_ _ _ _ _ _ _ _ _ I: (first 9 digits only)

Account 2 Remainder of net pay if fixed portion is selected in Account 1. (May be deposited in different bank, if desired)

Account Number: _____ Bank : _____

O Savings O Checking (check one) Branch: _____
Address: _____

If account 2 is with the same bank, ABA number is the same as for Account 1. If Account 2 is with different bank, and if depositing in checking account, indicate ABA number which appears at bottom of your personal check between the markings as shown below, or if depositing in savings account , obtain ABA number from bank.

I: _ _ _ _ _ _ _ _ _ I: (first 9 digits only)

Attach personal check with word **"VOIDED"** written across face in ink if depositing all or portion of net pay in checking account (DO NOT SIGN CHECK), and /or savings deposit slip showing account number if depositing all or portion of net pay in savings account.

Section C- Cancellation of Enrollment

Check if you wish to cancel your enrollment in Direct Deposit.

O I wish to cancel my enrollment in Direct Deposit and receive my paycheck each payday.

Authorization (Employee's signature required)I authorize my employer to deposit my paycheck (net pay) each payday directly into the account(s) and in the amounts(s) shown above, (of new enrollment or change if of enrollment) or to cancel my previous Direct Deposit enrollment if I have so indicated above. This authority will remain in effect until I have notified my employer through completion of this form that I wish to change cancel or re-enroll in this deposit service, or until my employer notifies me that this service has been terminated. I understand that I must allow up to (4) weeks for my instructions to be executed. If ever an incorrect amount should be entered into my account I authorize my bank(s) to make appropriate adjustment(s).

Signature _____ Date _____