

New Hire Direct Deposit Enrollment Form

Please complete this form to authorize the direct deposit of your paycheck. Once completed, print this form, sign it, and submit it to the HR/Payroll department.

Employee Information

Full Name:	<input type="text"/>	Employee ID (if known):	<input type="text"/>
Address:	<input type="text"/>		
Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>

Primary Account Information

Bank Name:	<input type="text"/>		
Routing Number (9 digits):	<input type="text"/>	Account Number:	<input type="text"/>
Account Type (Write Checking or Savings):	<input type="text"/>	Deposit Amount (Write Entire Pay or Specific \$):	<input type="text"/>

Secondary Account Information (Optional)

Bank Name:	<input type="text"/>		
Routing Number (9 digits):	<input type="text"/>	Account Number:	<input type="text"/>
Account Type (Write Checking or Savings):	<input type="text"/>	Deposit Amount (Write Specific \$ or remaining balance):	<input type="text"/>

Authorization and Signature

I hereby authorize my employer to deposit my net pay into the account(s) designated above. I understand that this authorization will remain in effect until I provide written notification to terminate or change this agreement.

Authorized Signature (Sign after printing):

Date: