



## Employee Direct Deposit Enrollment / Change Form

### Personal Data

Employee Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

### Financial Institution Data

Financial Institution: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Type of Account

Checking

Savings

### Authorization

I authorize my employer and the financial institution named above to deposit automatically any payroll funds 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: \_\_\_\_\_