



Direct Deposit Enrollment/ Change Form

Company Name _____ Client Number _____

Employee/Worker Name _____ Employee/Worker Number _____

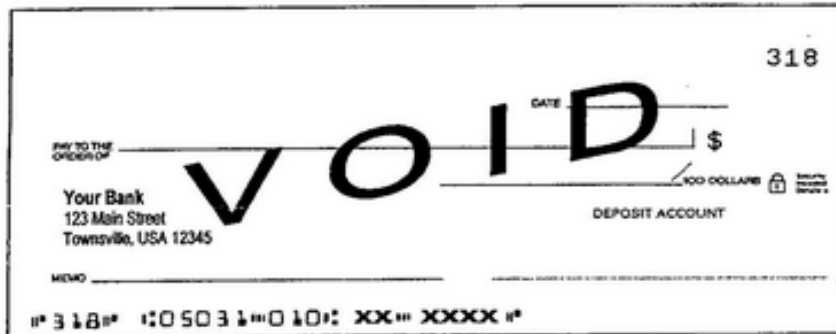
EMPLOYEE/WORKER: Retain a copy of this form for your records. Return the original to your employer.

EMPLOYERS: Return this form to *Workplace*. For clients using on-line services, please retain a copy of this document for your records.

COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS – PLEASE PRINT IN BLACK/BLUE INK ONLY				
Type of Account	Bank Account Number*	Routing/Transit Number	Financial Institution ("Bank") Name	I wish to deposit (check one):
<input type="checkbox"/> Checking	Supply support doc from below XXXXXX DO NOT WRITE BANK DETAILS	Supply support doc from below XXXXXXXXXXXXXXXX DO NOT WRITE BANK DETAILS	Supply support doc from below XXXXXXXXXXXXXXXX DO NOT WRITE BANK DETAILS	<input type="checkbox"/> ____% of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ <input type="checkbox"/> Remainder of Net Pay
<input type="checkbox"/> Savings	Supply support doc from below XXXXXX DO NOT WRITE BANK DETAILS	Supply support doc from below XXXXXXXXXXXXXXXX DO NOT WRITE BANK DETAILS	Supply support doc from below XXXXXXXXXXXXXXXX DO NOT WRITE BANK DETAILS	<input type="checkbox"/> ____% of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ <input type="checkbox"/> Remainder of Net Pay
<input type="checkbox"/> Checking	Supply support doc from below XXXXXX DO NOT WRITE BANK DETAILS	Supply support doc from below XXXXXXXXXXXXXXXX DO NOT WRITE BANK DETAILS	Supply support doc from below XXXXXXXXXXXXXXXX DO NOT WRITE BANK DETAILS	<input type="checkbox"/> ____% of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ <input type="checkbox"/> Remainder of Net Pay
<input type="checkbox"/> Savings	Supply support doc from below XXXXXX DO NOT WRITE BANK DETAILS	Supply support doc from below XXXXXXXXXXXXXXXX DO NOT WRITE BANK DETAILS	Supply support doc from below XXXXXXXXXXXXXXXX DO NOT WRITE BANK DETAILS	<input type="checkbox"/> ____% of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ <input type="checkbox"/> Remainder of Net Pay
<p>{One of the following for each account is required to process this enrollment/change form}</p> <p><input type="checkbox"/> Voided check with name imprinted (no starter checks) OR</p> <p><input type="checkbox"/> Deposit slip (<u>only</u> accepted if the verbiage "ACH R/T" appears before the routing number) OR</p> <p><input type="checkbox"/> Bank letter or specification sheet (the signature of your local bank representative MUST be included) OR</p> <p><input type="checkbox"/> Other Bank Documentation from your Financial Institution – If this box is checked the employer must <u>sign</u> this confirmation:</p> <p>I confirm that the above named employee/worker has added or changed a bank account for direct deposit transactions processed by Workplace.</p>				
Employer Signature: _____			Date: _____	

Please attach a personal check with the word "void" written across the face of it. Do not sign the check

Rev 6/4/11



I authorize my employer to deposit my wages/salary into the bank account(s) specified above, as well as, make credit entries and appropriate debit and adjustment entries (if applicable). I agree that direct deposit transactions I authorize comply with all applicable law. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account.

Employee/Worker Signature _____ **Date** _____