

## Direct Deposit

At the request of employees, we are going to be setting up direct deposit for paychecks. Each employee who is interested in direct deposit needs to complete a form and return it to Payroll.

We will run a practice direct deposit with the next bi-weekly payroll, and then hope to have the direct deposit in place by the following payroll.

### Information:

- Employees are not required to use direct deposit
- Employees who select direct deposit will receive a statement showing all the information that is found on the paychecks (gross pay, net pay, taxes, etc.)
- Employees may enroll or change direct deposit at any time
- To enroll in direct deposit, employees must complete the enrollment form
- Employees should check with their bank to see when funds are available after the direct deposit is made

### To enroll:

1. Complete the enrollment form
  - a. Depository Name (Bank)
  - b. Routing Number and Account Number can be found at the bottom of the check. The routing number is first, account number second (do not include the check number)
  - c. Indicate if this is a checking account or Savings account
  - d. Print your name in the name field
  - e. ID number is your social security number
2. Attach a voided check
3. Return the form to Payroll

Please call with any questions or concerns.

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)**

COMPANY NAME: \_\_\_\_\_

COMPANY TAX ID: \_\_\_\_\_

I (we) hereby authorize \_\_\_\_\_, hereinafter called COMPANY, to initiate credit entries to my (our)  Checking Account /  Savings Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account in order to correct any errors that may occur. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY NAME: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ROUTING NO: \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_

CHECKING OR SAVINGS: \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S): \_\_\_\_\_

DATE: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**NOTE: WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**