

**Employer** \_\_\_\_\_

**Direct Deposit Enrollment / Change Form**

Request For (Check Only One)

Initial Request     Change     Cancellation

Personal Data

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

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

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

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

Is this a change of address?     Yes     No

Financial Institution Data

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

Transit #: \_\_\_\_\_

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

If less than 100% of your net pay is to be deposited to the account noted, please indicate amount or percentage to be deposited \_\_\_\_\_

Type of Account     Checking     Savings

Authorization

I authorize my employer and the financial institution named above to deposit automatically my net pay 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 \_\_\_\_\_

Attach Voided Check Here  
(Do Not Use Deposit Ticket)