



### Direct Deposit Enrollment / Change Form

Request For (Check Only One)

Initial Request     Change     Cancellation

<b>Personal Data</b>
Employee Name: _____
Social Security Number: _____
Address: _____
City, State, Zip Code: _____
Is this a change of address? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Financial Institutional Data</b>
Financial Institution: _____
Routing #: _____
Account #: _____
If less than 100% of your net pay is to be deposited to the account noted, please indicate amount of percentage to be deposited _____
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings

<b>Authorization</b>
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: _____

**Included a voided check with Direct Deposit Enrollment / Change Form**