

# Employee Direct Deposit Enrollment Form

**General Instructions:** (1) Fill out and sign this form, (2) **Attach a voided check** for each checking account (*not a deposit slip*), and (3) If you want to deposit into a savings account, **have your bank provide you with the account number and the routing and transit number on bank letter head** (*it usually is not the number on a deposit slip*). **Failure to attach all documents will cause a delay in the Direct Deposit process!**

Print Name: \_\_\_\_\_ Clock #: \_\_\_\_\_ Date: \_\_\_\_\_

Emp. Signature: \_\_\_\_\_ Phone # or Ext.: \_\_\_\_\_

**Important!** Employees please read and sign the following before you complete and submit your account information. The undersigned hereby authorizes his or her employer or its designee ("Employer") to deposit any sums Employer owes to me into the bank or other financial institution ("Financial Institution") accounts identified below. The undersigned also authorizes Financial Institution to receive and accept any such deposits and credit the same to my account. If any deposit is made to my account in error by Employer, Financial Institution is authorized to return the erroneous payment to Employer and to debit my account for the same in an amount not to exceed the amount of the erroneous deposit. **Employees must verify all funds are available prior to use of any funds posted.** This authorization shall remain in effect until revoked by the undersigned in writing so as to allow Employer and Financial Institution a reasonable opportunity to act. However, if hired after June 2013, a Rapid Prepaid card will be set up to replace any closed accounts. Please note that all direct deposits will be pre-noted (with the exception of Rapid Card), therefore you will receive a live check on the first payroll run that the direct deposit is set up. Please note that The Employer deposits into Checking/ Savings accounts only. The Employer reserves the right to cancel direct deposit without notice.

Employee Account Information:  Sinai  Levindale  NW  PDI  Clinical/Comm  H/F  Courtland  
 Carroll

\_\_\_ New Account \_\_\_ Additional Account \_\_\_ Change Amount \_\_\_ Cancel Account \_\_\_ Replacement Account  
**\*!BE AWARE!: If you are REPLACING an account, Direct Deposit Forms are processed according to the Payroll Schedule.**  
**PAYROLL MUST BE NOTIFIED PRIOR TO ACCOUNT CANCELLATIONS!\***

2. Bank Name: \_\_\_\_\_  
Routing & Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Checking  Savings Please deposit: \$ \_\_\_\_\_ . \_\_\_\_\_ or Percent \_\_\_\_\_  Net Pay

\_\_\_ New Account \_\_\_ Additional Account \_\_\_ Change Amount \_\_\_ Cancel Account \_\_\_ Replacement Account  
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2. Bank Name: \_\_\_\_\_  
Routing & Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Checking  Savings Please deposit: \$ \_\_\_\_\_ . \_\_\_\_\_ or Percent \_\_\_\_\_  Net Pay

\_\_\_ Change Amount \_\_\_ Cancel Account  
**rapid! PayCard**

Routing & Transit Number: **031101169** Account Number: \_\_\_\_\_  
Checking Please deposit: \$ \_\_\_\_\_ . \_\_\_\_\_ or Percent \_\_\_\_\_ Net Pay