

# Schedule D – Employee Direct Deposit Authorization Enrollment Form

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

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

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

I hereby authorize my employer, \_\_\_\_\_, (the "COMPANY") to deposit any amounts owed to me by initiating credit entries to my account at the financial institution ("the BANK") indicated below. Further, I authorize BANK to accept and credit entries indicated by COMPANY to my – select one of the following

Checking Account

Savings Account

I authorize COMPANY to debit my account in the event of a credit which should not have been made for an amount not to exceed the original amount of the erroneous credit.

Please complete Section 1 and/or Section 2

## Section 1:

Bank Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

I wish to deposit \$\_\_\_\_\_.00 into the account below, or

I wish to have my entire Net Pay into the account below.

### Attach Voided Check Here

The numbers on the bottom of your voided check are used to make the electronic funds transfer directly to your account.

## Section 2:

Bank Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

I wish to deposit \$\_\_\_\_\_.00 into the account below, or

I wish to have my entire Net Pay into the account below.

(Please complete the following)

Bank/Routing or Transit Number \_\_\_\_\_ (This must be 9 Digits)

Employee Savings Account Number \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY and BANK have received written notification from me (employee) of its termination in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A COPY OF THIS AGREEMENT MUST BE GIVEN TO THE EMPLOYEE**

**ALL WRITTEN DEBIT AND CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE EMPLOYEE MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**