



**Direct Deposit Form**

Important! Please read and sign before completing and submitting.

I hereby authorize ADP to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by ADP to my account. If ADP deposits funds erroneously into my account, I authorize ADP to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until ADP and Bank have received written notice from me of its termination in such time and in such manner as to afford ADP and Bank reasonable opportunity to act on it.

Employee Name:

Social Security #:

Employee Signature:

Date:

**Account Information**

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form. Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

1. Bank Name/City/State:

Routing/Transit #:

Account Number:

Checking          Savings          Other          I wish to deposit: \$          or Entire Net Amount

2. Bank Name/City/State:

Routing/Transit #:

Account Number:

Checking          Savings          Other          I wish to deposit: \$          or Entire Net Amount