

ADP

Direct Deposit Enrollment/Change Form*

Company Name and/or Client Number _____

Employee/Worker Name _____ Employee/Worker Number _____

EMPLOYEE/WORKER: Retain a copy of this form for your records. Return the original to your employer/company.

EMPLOYER/COMPANY: Return this form to your payroll office. For clients using on-line services, please retain a copy of this document for your records.

COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS - PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY

Type of Account: Checking Savings Accountholder's Name: _____

Routing/Transit Number

Checking/Savings Account Number**

Financial Institution ("Bank") Name _____

I wish to deposit (check one): _____ % of Net Specific Dollar Amount \$ _____ .00 Remainder of Net Pay

Type of Account: Checking Savings Accountholder's Name: _____

Routing/Transit Number

Checking/Savings Account Number**

Financial Institution ("Bank") Name _____

I wish to deposit (check one): _____ % of Net Specific Dollar Amount \$ _____ .00 Remainder of Net Pay

COMPLETE IF CHANGING EXISTING DEPOSIT AMOUNTS - PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY

Type of Account: Checking Savings Accountholder's Name: _____

Routing/Transit Number

Checking/Savings Account Number**

Financial Institution ("Bank") Name _____

I wish to change my deposit amount to (check one): From _____ % to _____ % of Net From \$ _____ .00 To \$ _____ .00

Remainder of Net Pay

EMPLOYEE/WORKER CONFIRMATION STATEMENT

PLEASE SIGN IN BLACK/BLUE INK ONLY

I authorize my employer/company to deposit my earnings into the bank account(s) specified above and, if necessary, to electronically debit my account to correct erroneous entries. I certify my account(s) allow these transactions. Furthermore, I certify that the above listed account number accurately reflects my intended receiving account. I agree that direct deposit transactions I authorize comply with all applicable laws. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer/company to make direct deposits into the named account.

Employee/Worker Signature _____ Date _____

Note: Digital or Electronic Signatures are **not** acceptable.

I confirm that the above named employee/worker has added or changed a bank account for direct deposit transactions processed by ADP. I have reviewed the information provided and it is accurate to the best of my knowledge. My signature below indicates that I have the authority to execute this document on behalf of the Client.

Employer/Company Representative Printed Name: _____

Employer/Company Representative Signature: _____ Date: _____

* All fields are required except Employee/Worker Number.

** Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.