## Employee Direct Deposit Enrollment Form (USA)



COMPANY NAME:	
PAYROLL MANAGER NAM	E:
PAYROLL MANAGER SIGN	ATURE:
account - not a deposit slip. If	ly fill out this form and give to your payroll manager. <b>Attach a voided check for each checking</b> depositing to a savings account, please ask your bank to give you the Routing/Transit Number for same as the number on a savings deposit slip. This will help ensure that you are paid correctly.
IMPORTANT! Please read an	d sign before completing and submitting.
initiating credit entries to my ac	mpany ("Employer"), either directly or through TIMETREX to deposit any amounts owed me by count at the financial institution ("Bank") indicated on this form. In the event that Employer deposits int, I authorize Employer, either directly or through TIMETREX to debit my account for an amount at of the erroneous credit.
	n full force and effect until Employer and Bank have received written notice from me of its such manner as to afford Employer and Bank reasonable opportunity to act on it.
EMPLOYEE FULL NAME:	EMPLOYEE #:
EMPLOYEE SIGNATURE:	DATE:
Account Information: The last item m	ust be for the remaining amount owed to you. To distribute to more accounts, please complete another form. Make sure to

1. Bank Name:						
Routing/Transit #:		Account Number:				
Checking Saving	Other	I wish to dep	osit: \$	or	% or Entire Net Amou	nt
					_	
2. Bank Name:						
Routing/Transit #:		Account Number:				
Checking Saving	Other	I wish to dep	osit: \$	or	% or Entire Net Amou	int
3. Bank Name:						
Routing/Transit #:		Account Number:				
Checking Saving	Other	I wish to dep	osit: \$	or	% or Entire Net Amou	int
					_	

indicate what kind of account, along with amount to be deposited, if less than your total net pay check.

## ATTENTION PAYROLL MANAGER:

Employers must keep each original employee enrollment form on file as long as the employee is using Direct Deposit, and for two years thereafter.