



DIRECT DEPOSIT ENROLLMENT/CHANGE FORM INSTRUCTIONS

- I. Election Form –
 1. Top **or** bottom section must be completed, signed and dated.
 2. If electing to decline direct deposit – submit election form. **No further action required.**
 3. If electing enrollment in direct deposit – submit election form along with completed, signed and dated Direct Deposit Enrollment/Change Form.

- II. Direct Deposit Enrollment/Change Form –
 1. Employee/Worker Name: Your name
 2. Enrollment form has repeating sections allowing for direct deposit into multiple accounts.
 3. For first time enrollment (everyone) circle “**Add new**”.
 4. “Update existing account” and/or “Replace existing account”, “Last 4 digits of the existing account number” - **for future use** for changes made to your direct deposit.
 5. Type of Account – “checking” “savings” – circle one.
 6. Account holder’s Name – enter the exact name as it appears on the account.
 7. Routing/Transit Number – this is the unique bank identifying number (must be 9 digits). This number can be found on the bottom left side of your personal check. If unsure of your Bank routing number contact your bank.
 8. Checking/Savings Account Number – can be found on the bottom right of your personal check, bank statement or your electronic banking portal.

***** Provide a voided check and/or bank statement (black out personal information; only require name and bank account number*****

9. Financial Institution – name of your bank
10. I wish to deposit (check one) - ___%; Specific Dollar Amount \$____; Remainder of Net Pay
 - a. If depositing to one account – 100%
 - b. If depositing to 2 or more accounts you have the option of allocating funds by percentage or a fixed amount.
 - c. If entering a percentage you must ensure that the total of the individual percentages equals 100%
 - d. If entering a fixed amount, the remaining amount will automatically be deposited in the secondary or tertiary account

11. Employee/Worker Signature – Sign & Date

ELECTION and DIRECT DEPOSIT ENROLLMENT/CHANGE FORMS MUST BE SUBMITTED TO PAYROLL (Bernadette D’Alessandro) NO LATER THAN NOVEMBER 15, 2021.

Direct Deposit will go live for January 15, 2022 payroll



DIRECT DEPOSIT ELECTION FORM

I **decline** enrollment in direct deposit at this time. I understand that I can enroll in direct deposit at a future date.

Employee Signature: _____ **Date:** _____

Print Name: _____

I **elect** enrollment in direct deposit.

Employee Signature: _____ **Date:** _____

Print Name: _____

Complete, sign & date the attached Direct Deposit Enrollment/Change Form in its entirety. Verify and validate all entries to ensure accuracy and completeness. Incorrect or invalid information may result in delay of payroll payment.



Direct Deposit Enrollment/Change Form

Employee/Worker Name _____

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

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

| | | | | | | | |
|-------------------------------------|-------------------------|--------------------------|--|----------------------|----------------------|----------------------|----------------------|
| Add new | Update existing account | Replace existing account | Last 4 digits of the existing account number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Type of Account | Checking | Savings | Account holder's Name: | | | | |
| Routing/Transit Number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Checking/Savings Account Number** | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Financial Institution ("Bank") Name | | | | | | | |
| I wish to deposit (check one): | | % of Net | Specific Dollar Amount \$ | | | .00 | Remainder of Net Pay |

| | | | | | | | |
|-------------------------------------|-------------------------|--------------------------|--|----------------------|----------------------|----------------------|----------------------|
| Add new | Update existing account | Replace existing account | Last 4 digits of the existing account number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Type of Account | Checking | Savings | Account holder's Name: | | | | |
| Routing/Transit Number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Checking/Savings Account Number** | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Financial Institution ("Bank") Name | | | | | | | |
| I wish to deposit (check one): | | % of Net | Specific Dollar Amount \$ | | | .00 | Remainder of Net Pay |

| | | | | | | | |
|-------------------------------------|-------------------------|--------------------------|--|----------------------|----------------------|----------------------|----------------------|
| Add new | Update existing account | Replace existing account | Last 4 digits of the existing account number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Type of Account | Checking | Savings | Account holder's Name: | | | | |
| Routing/Transit Number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Checking/Savings Account Number** | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Financial Institution ("Bank") Name | | | | | | | |
| I wish to deposit (check one): | | % of Net | Specific Dollar Amount \$ | | | .00 | Remainder of Net Pay |

CONFIRMATION STATEMENT - PLEASE PRINT CLEARLY 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 make direct deposits into the named account. I understand that this authorization will remain in full force and effect until I notify Company in writing that I wish to revoke my authorization. I understand that the Company requires at least 5 business days prior notice to cancel this authorization.

Employee/Worker Signature _____ Date: _____ MM/DD/YY

I confirm that the above named employee/worker has added or changed a bank account for direct deposit transactions processed by Paychex, Inc. 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: _____ Date: _____

Employer/Company Representative Signature: _____ MM/DD/YY

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

Note: Digital or Electronic Signatures are not acceptable.