



Direct Deposit Enrollment/Change Form

Corporate IT provides the opportunity to have your paycheck directly deposited into your checking and/or savings account(s). To begin or make changes to your direct deposit elections, please complete this authorization form. Sign, date and return this authorization form **along with a voided check for a checking account and/or a deposit slip for a savings account**. Also, include the bank's routing/transit number, address and telephone number. You may choose up to three (3) accounts in which to make deposits. The last item must be for the remaining amount owed to you.

Please check the appropriate box:

- _____ Initial Enrollment
_____ Account/Amount Change
_____ Cancel Direct Deposit Elections

Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

- Checking Savings Amount to be deposited: \$ _____
 Entire Net Amount

Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

- Checking Savings Amount to be deposited: \$ _____
 Entire Net Amount

Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

- Checking Savings Amount to be deposited: \$ _____
 Entire Net Amount

I authorize Corporate IT to make deposits into the above bank account (s). I authorize the bank to accept and to credit any entries indicated by Corporate IT to these accounts. In the event that Corporate IT deposits funds erroneously into my account (s), I authorize Corporate IT to debit my account (s) for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in effect until Corporate IT and the bank have received written notification from me changing or terminating my participation in the direct deposit program.

Employee Name: _____ Social Security #: _____

Employee Signature: _____ Date: _____