(INSERT COMPANY LOGO)

**Direct Deposit Enrollment Form**

|  |  |
| --- | --- |
| Name: | Social Security Number: |
| Address: | City, State, Zip: |

|  |  |
| --- | --- |
| Name of Financial Institution: | Account Type:  □ Checking □ Savings |
| Routing Number: | Account Number: |

I hereby authorize (Insert Company Name) to initiate automatic direct deposit to my account listed above. I also authorize (Insert Company Name) to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold (Insert Company Name) responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until (Insert Company Name)receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form.

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Employee’s Signature Print Name Date