AUTOMATIC DEPOSIT ENROLLMENT FORM

_____ New Enrollment ____ Modify Enrollment

Full Name _____ SSN_____
Last, First MI

Daytime Phone # (_____)_____ E-mail _____

Address _____
Street Apt. City State Zip

Account #1 (Check only one) ☐ Checking ☐ Savings

Financial Institution: _____

Address: _____ _____Telephone: ( ) _____

Amount of pay to be deposited into this account: $_____ or ☐ Net Check

Personal Account Number:																	
ABA (Routing)Number:																	

Account #2 (Check only one) ☐ Checking ☐ Savings

Financial Institution: _____ _____

Address: _____Telephone: ( ) _____

Amount of pay to be deposited into this account: $_____ or ☐ Net Check

Personal Account Number:																	
ABA (Routing)Number:																	

Account #3 (Check only one) ☐ Checking ☐ Savings

Financial Institution: _____

Address: _____Telephone: ( ) _____

Amount of pay to be deposited into this account: $_____ or ☐ Net Check

Personal Account Number:																	
ABA (Routing)Number:																	

AUTHORIZATION

I hereby authorize the company to initiate credit entries to the account indicated above at the depository financial institution named above, to credit the same to such account. Funds will be available in said account on Friday of payroll. The deposit advice will be placed in your office mailbox if available, if not, it will be mailed to the address listed above.

This authority is to remain in full force and effect until the company has received written notification from me of its termination in such time and in such manner as to afford the company a reasonable opportunity to act on it or when the company determines it necessary to discontinue the automatic deposit program.

Date_____ Signature _____

*****Please attach a voided check or a copy of a voided check (not a deposit slip) from your financial institution where the funds will be deposited.*****

Company employed by ☐ EJ ☐ MJ ☐ JOS ☐ SB ☐ EJPPG ☐ JC ☐ SCC