

Employee Direct Deposit Enrollment Form

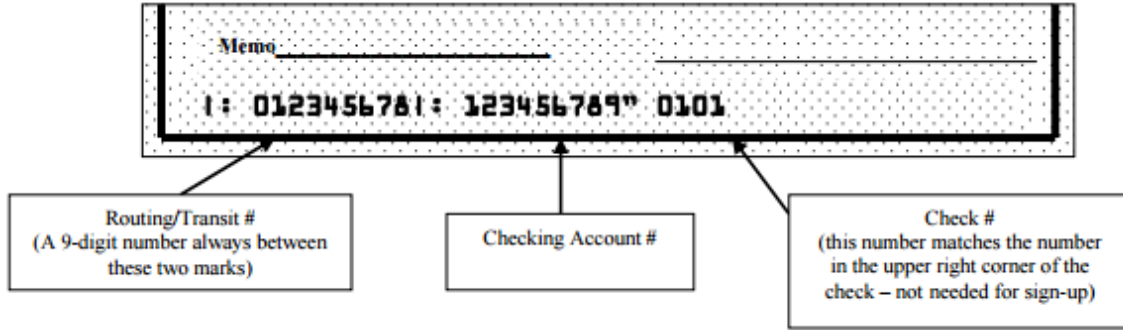
Payroll Manager – Please complete this section and send a copy to PAYROLL SPECIALISTS, INC. for enrollment. (Please print.)

Company Name: _____ Employee File Number: _____

Payroll Mgr. Name: _____ Payroll Mgr. Signature: _____

To enroll in Direct Deposit, simply fill out this form and give to your payroll manager. Attach a voided check for each checking account - not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize Payroll Specialists, Inc. its agents and/or affiliates (hereafter "PSI") to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by PSI to my account. In the event that PSI deposits funds erroneously into my account, I authorize PSI to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until PSI and Bank have received written notice from me of its termination in such time and in such manner as to afford PSI and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security #: _____ - _____ - _____

Email: _____ Required for electronic pay stub

Employee Signature: _____ Date: _____

Account Information

1. Bank Name/City/State: _____

Routing Transit #: _____ Account #: _____

Checking Savings Other I wish to Deposit: \$ _____, _____ or Entire Net Amount

2. Bank Name/City/State: _____

Routing Transit #: _____ Account #: _____

Checking Savings Other I wish to Deposit: \$ _____, _____ or Entire Net Amount

3. Bank Name/City/State: _____

Routing Transit #: _____ Account #: _____

Checking Savings Other I wish to Deposit: \$ _____, _____ or Entire Net Amount

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form. Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

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.