

FULL SERVICE DIRECT DEPOSIT (FSDD) BROCHURE/ENROLLMENT FORM

To enroll in Full Service Direct Deposit, simply fill out this form and give it to your payroll manager. Attach a voided check for each checking account – **not a deposit slip**. If the depositing to a saving 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 detailing where the information necessary to complete this form can be found.

John Q. Public 111 Main Street Any town, USA 1234	0101 Date _____
Pay to the Order of _____ \$ _____ _____ Dollars	
Main Street Bank 800 Main Street Any town, USA 12345 _____	
:012345678	:12345678:: 0101

Routing/Transit Number

Checking Account Number

Important! Please read and sign before completing and submitting.

I hereby authorize my employer (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on both sides of this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account, I authorize Company 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 Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security #: _____

Employee Signature: _____ Date: _____

Account Information

You may choose up to three accounts. (Your last item must be for the remaining amount owed to you.)

1. Bank Name/City/State: _____
 Routing/Transit Number: _____ Account Number: _____
 Checking Savings I wish to deposit \$ _____ or Entire Net Amount

2. Bank Name/City/State: _____
 Routing/Transit Number: _____ Account Number: _____
 Checking Savings I wish to deposit \$ _____ or Entire Net Amount

3. Bank Name/City/State: _____
 Routing/Transit Number: _____ Account Number: _____
 Checking Savings I wish to deposit \$ _____ or Entire Net Amount

ATTENTION PAYROLL MANGER:

Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years afterward.