



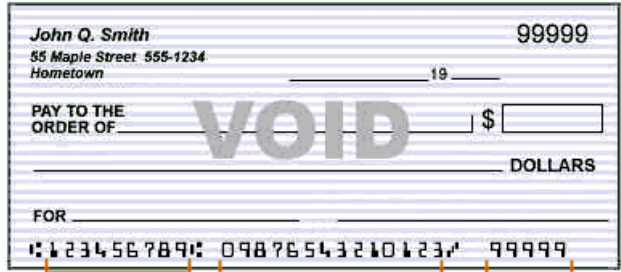
# Direct Deposit Enrollment

To enroll in Direct Deposit, simply fill out this form.

**CHECKING ACCOUNT:** Attach a voided check for each checking account (*deposit slips will not be accepted*).

**SAVING ACCOUNT:** A letter from your bank with Routing & Account numbers or print this information from your bank's website (*deposit slips will not be accepted*).

This information is required to ensure your first paycheck is direct deposited. If not, your check(s) will be "LIVE" until the required documents are received. Above is a sample check detailing where the information necessary to complete this form can be found.



Bank Routing Number      Checking Account Number      Check Number Do Not Enter

*Important! Please read and sign before completing and submitting.* I hereby authorize my employer (hereinafter "Company") to deposit any amounts owed to me by initialing credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on 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

Make sure to indicate what kind of account, along with the amount to be deposited in less than your total net paycheck (*percentages will NOT be accepted*).

1. Bank Name/City/State/Tel#: \_\_\_\_\_

Routing/Transit#: \_\_\_\_\_ Account#: \_\_\_\_\_

Checking  Savings  Other      I wish to deposit: \$ \_\_\_\_\_ or  Entire Net Amount  
(no percentages)

1. Bank Name/City/State/Tel#: \_\_\_\_\_

Routing/Transit#: \_\_\_\_\_ Account#: \_\_\_\_\_

Checking  Savings  Other      I wish to deposit: \$ \_\_\_\_\_ or  Entire Net Amount  
(no percentages)

1. Bank Name/City/State/Tel#: \_\_\_\_\_

Routing/Transit#: \_\_\_\_\_ Account#: \_\_\_\_\_

Checking  Savings  Other      I wish to deposit: \$ \_\_\_\_\_ or  Entire Net Amount  
(no percentages)

**Wilton, CT or Encinitas, CA Office Fax:** ATTN: Payroll Dept - 800-970-5001      **All Other Offices Fax:** 800-964-7001