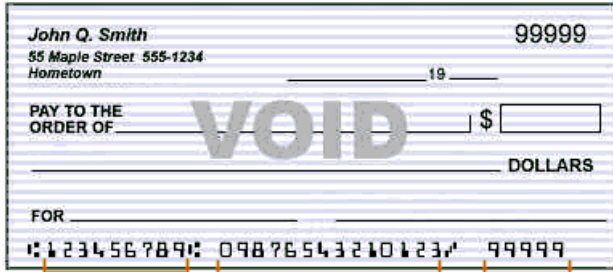




Direct Deposit Enrollment Form



Bank Routing Number Checking Account Number Check Number
Do Not Enter

To enroll in Full Service Direct Deposit, simply fill out this form. **CHECKING ACCOUNT** Attach a voided check for each checking acct (*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.

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)

2. Bank Name/City/State/Tel#: _____

Routing/Transit#: _____ Account#: _____

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

3. 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