

DIRECT DEPOSIT ENROLLMENT FORM

To enroll in direct deposit, complete the information below and staple a **VOIDED CHECK** to this form. Return this form to the Payroll Office.

Name (Print): _____

Social Security Number: _____

I give permission for my net payroll check to be deposited directly into the checking account described on the attached voided check.

Signature: _____

Date: _____

Email Address: _____

IMPORTANT: Remember that you may participate in direct deposit regardless of where your checking account is located. The deposit is made through a national electronic clearinghouse that all banks use. In addition, it is very important that you provide a voided **CHECK**; deposit slips will **NOT** be sufficient.