



Employee Direct Deposit Enrollment Form

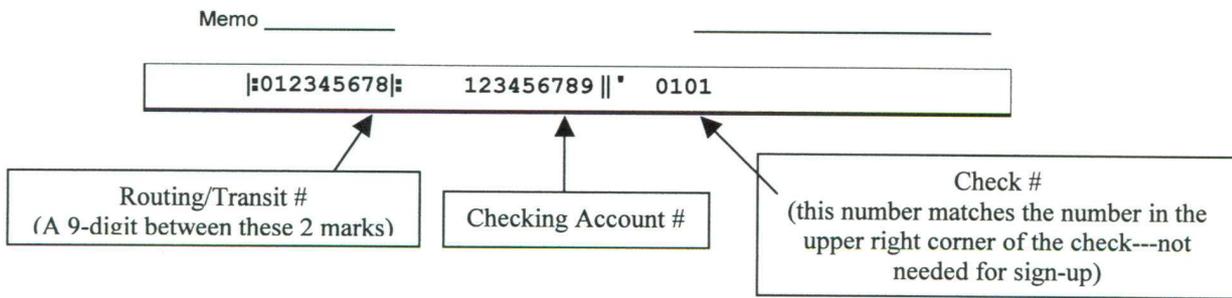
Payroll Manager—Please complete this section and enter data into your ADP Payroll system for employee enrollment. Then contact your CSR or IS for further instructions on how to update your employee's direct deposit information to ADP. (Please print)

Company Code _____ Company Name _____ Employee File Number _____

Payroll Mgr Name _____ Payroll Mgr Signature _____

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 depositing to a savings account, ask your bank to give you the Routing/Transit ABA Number for your account. It isn't always the same number as on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample MICR line as found on the bottom of a 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 ADP to deposit any amounts owed me, as instructed by my employer, by initiating 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 ADP to my accounts. If funds to which I am not entitled are deposited to my account, I authorize ADP to direct the bank to return said funds to ADP.

This authorization is to remain in full force and effect until ADP and Bank have received written notice from me of its termination in such time and in such manner as to afford ADP and Bank reasonable opportunity to act on it.

Employee Name: _____ SS # _____ -- _____ -- _____ File # _____

Employee Signature: _____ Date: _____

Account Information

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 pay.**

- Bank Name/City/State: _____
 Routing/Transit #: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____ . ____ or Entire Net
- Bank Name/City/State: _____
 Routing/Transit #: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____ . ____ or Entire Net
- Bank Name/City/State: _____
 Routing/Transit #: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____ . ____ or Entire Net

***** Attention Payroll Manager: Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.**