FAX to ADP at (781) 672-3734 - Service Center - 010



## Employee Direct Deposit Enrollment Form

Payroll Manager - Pic	cuse complete this sec	ction.	(Please print.)
Company Code:	Company Name:		Date:
Payroll Mgr. Name:	l Mgr. Name: Payroll Mgr. Signature:		ignature:
checking account— <u>not a comment and a comment always</u>	deposit slip. If deposit ays the same as the nu	ting to a savings account, ask your to imber on a savings deposit slip. This	or payroll manager. Attach a voided check for each pank to give you the Routing/Transit Number for s will help ensure that you are paid correctly.
selow is a sample check		where the information necessary to	•
	Meimo	0(123456789#)0101)	
	(CO 12345678)	V(15312567891P)(0101)	
Routing/I (A 9-digit always between the	Fransit #	Checking Account #	Check #  (this number matches the number in the upper right corner of the check – not needed for sign-up)
mportant! Please read a			
t the financial institution	s (hereinafter "Bank")	indicated on this form. Further, I a	owed me by initiating credit entries to my account uthorize Bank to accept and to credit any credit
at the financial institution intries indicated by Compound to debit my accompany to debit my accompany to the intrinsical interior is to resion in such time and time a	es (hereinafter "Bank") pany to my accounts. I count for an amount no emain in full force and uch manner as to affor	indicated on this form. Further, I a In the event that Company deposits to to exceed the original amount of the effect until Company and Bank hard Company and Bank reasonable of	uthorize Bank to accept and to credit any credit funds erroneously into my account, I authorize the erroneous credit. we received written notice from me of its termina-
It the financial institution intries indicated by Comp Company to debit my acc This authorization is to re	es (hereinafter "Bank") pany to my accounts. I count for an amount no emain in full force and uch manner as to affor	indicated on this form. Further, I a In the event that Company deposits to to exceed the original amount of the effect until Company and Bank hard Company and Bank reasonable of the effect was a second be or the effect until Company and Bank reasonable or the effect unt	uthorize Bank to accept and to credit any credit funds erroneously into my account, I authorize the erroneous credit. we received written notice from me of its termina-
at the financial institution entries indicated by Componentries indicated by Componentries indicated by Componentries indicated by Componentries authorization is to reion in such time and in su	es (hereinafter "Bank") pany to my accounts. I count for an amount no emain in full force and uch manner as to affor  the remaining amount	indicated on this form. Further, I a In the event that Company deposits to exceed the original amount of t effect until Company and Bank haved Company and Bank reasonable of	uthorize Bank to accept and to credit any credit funds erroneously into my account, I authorize the erroneous credit.  we received written notice from me of its terminapportunity to act on it.
the financial institution entries indicated by Componentries in the c	the remaining amount account, along of account, along of account, along of account, along of the remaining amount account, along of accoun	indicated on this form. Further, I a In the event that Company deposits to to exceed the original amount of the effect until Company and Bank have d Company and Bank reasonable of Date:  Date:	uthorize Bank to accept and to credit any credit funds erroneously into my account, I authorize the erroneous credit.  we received written notice from me of its terminapportunity to act on it.
the financial institution entries indicated by Componentries in the c	the remaining amount act of account, along to	indicated on this form. Further, I a In the event that Company deposits to exceed the original amount of the effect until Company and Bank have d Company and Bank reasonable of Date:  Date:	uthorize Bank to accept and to credit any credit funds erroneously into my account, I authorize the erroneous credit.  we received written notice from me of its terminapportunity to act on it.  e accounts, please complete another form. Make is than your total net paycheck.
the financial institution entries indicated by Componentries in the residual in the second in such time and in such tim	the remaining amount act of account, along to	indicated on this form. Further, I a In the event that Company deposits to to exceed the original amount of the effect until Company and Bank have defect until Company and Bank reasonable of Date:  Date:  Account Number:	uthorize Bank to accept and to credit any credit funds erroneously into my account, I authorize the erroneous credit.  we received written notice from me of its terminapportunity to act on it.  e accounts, please complete another form. Make s than your total net paycheck.
the financial institution entries indicated by Componentries indicated by Componentries indicated by Componentries indicated by Componentries indicate in section in such time and in section	the remaining amount account, along of account, along of savings	indicated on this form. Further, I a In the event that Company deposits to to exceed the original amount of the effect until Company and Bank have defect until Company and Bank reasonable of the Date:  Date:  Account Number:	uthorize Bank to accept and to credit any credit funds erroneously into my account, I authorize the erroneous credit.  we received written notice from me of its terminapportunity to act on it.  e accounts, please complete another form. Make s than your total net paycheck.
t the financial institution ntries indicated by Componer to debit my accompany to debit my accomployee Name:    Componer Information   Componer Information	the remaining amount and of account, along to Savings Others.	indicated on this form. Further, I a In the event that Company deposits to to exceed the original amount of the effect until Company and Bank have deffect until Company and Bank reasonable of Date:  Date:  Account Number:  Account Number:	uthorize Bank to accept and to credit any credit funds erroneously into my account. I authorize the erroneous credit.  we received written notice from me of its terminal protunity to act on it.  e accounts, please complete another form. Make s than your total net paycheck.
t the financial institution intries indicated by Componentries indicated by Componentries indicated by Componentries indicated by Componentries indicate in some and in some a	the remaining amount and of account, along to Savings Others.	indicated on this form. Further, I a In the event that Company deposits to to exceed the original amount of the effect until Company and Bank have defect until Company and Bank reasonable of Date:  Date:  Account Number:  Account Number:  Account Number:	uthorize Bank to accept and to credit any credit funds erroneously into my account. I authorize the erroneous credit.  We received written notice from me of its terminal prortunity to act on it.  e accounts, please complete another form. Makes than your total net paycheck.  or □ Entire Net Amount
the financial institution entries indicated by Componentries in the region in such time and in such ti	the remaining amount and of account, along to Savings Oth	indicated on this form. Further, I a In the event that Company deposits to to exceed the original amount of the effect until Company and Bank have defect until Company and Bank reasonable of Date:  Date:  Account Number:  Account Number:  Account Number:	uthorize Bank to accept and to credit any credit funds erroneously into my account. I authorize the erroneous credit.  we received written notice from me of its terminal portunity to act on it.  e accounts, please complete another form. Make s than your total net paycheck.  or □ Entire Net Amount
the financial institution intries indicated by Componentries in the region in such time and in such ti	the remaining amount and of account, along to Savings Other:	indicated on this form. Further, I a In the event that Company deposits to to exceed the original amount of the effect until Company and Bank haved Company and Bank reasonable of Date:  Date:  Account Number:  Account Number:  Account Number:  Account Number:  Account Number:  Account Number:	uthorize Bank to accept and to credit any credit funds erroneously into my account. I authorize the erroneous credit.  we received written notice from me of its terminal portunity to act on it.  e accounts, please complete another form. Make s than your total net paycheck.  or □ Entire Net Amount

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.