

# EMPLOYEE DIRECT DEPOSIT ENROLLMENT/CHANGE FORM

Employer: \_\_\_\_\_ Client: \_\_\_\_\_ Date: \_\_\_\_\_

**General Instructions:** (1) Fill out and sign this form, (2) Attach a voided check for each account and (3) return this to your payroll manager. Attach additional pages if necessary. If you want to deposit into a savings account, then have your bank provide you with the routing and account number as these are typically NOT the numbers on the deposit slip. In the absence of a voided check or bank letter, you attest that the information below is accurate and reliable. **DIGITAL OR ELECTRONIC SIGNATURES ARE NOT ACCEPTABLE AND ALL FIELDS ARE REQUIRED.**

<input type="checkbox"/> New Account	<input type="checkbox"/> Additional Account	<input type="checkbox"/> Replacement Account
Bank Name: _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing #: _____	Account #: _____	
I wish to deposit (check one): <input type="checkbox"/> _____ % of Net <input type="checkbox"/> Dollar Amount \$ _____ <input type="checkbox"/> Entire Net Pay		

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**IMPORTANT! Employees,** please read and sign the following before you submit your account information. The undersigned hereby authorizes his or her employer or its designee ("Employer") to deposit any sums Employer owes to me into the bank or other financial institution ("Financial Institution") accounts identified above. The undersigned also authorizes Financial Institution to receive and accept any such deposits and credit the same to my account. If any deposit is made to my account in error by Employer, Financial Institution is authorized to return the erroneous payment to Employer and to debit my account for the same in an amount not to exceed the amount of the erroneous deposit. This authorization shall remain in effect until revoked by the undersigned in writing so as to allow Employer and Financial Institution a reasonable opportunity to act.

Printed Name: \_\_\_\_\_ Employee Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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**Employer Confirmation:** I confirm that the above-named employee has added or changed an account for direct deposit processed by Priority One Payroll LLC. I have reviewed the information provided and it is accurate to the best of my knowledge. My signature below indicates that I have the authority to execute this document on behalf of the employer.

Employer Representative Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Representative Signature: \_\_\_\_\_