



Direct Deposit Enrollment/Change Form

Step 1: Participant Information

* =Required Fields

*Employer Name (Do not abbreviate)

*Employee ID

*Participant Name (First, MI, Last)

 - -

*Social Security Number

 - -

*Day Telephone

Step 2: Financial Institution Information

Important: A voided (or photocopied) check is required for all checking accounts. We cannot accept deposit slips.

* I am **(circle one)** beginning / canceling / changing a direct deposit account.

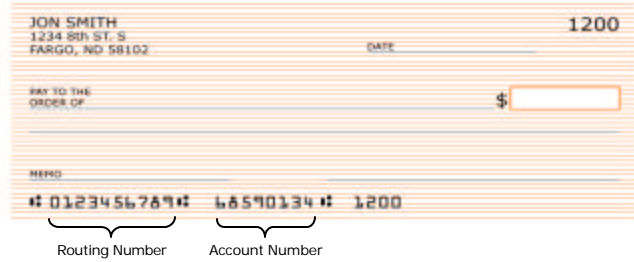
* Account Type **(circle one)**: Checking / Savings

*Routing Number *(must be 9 digits)*

*Account Number

*Financial Institution Name

Financial Institution Address



City

State

Zip

Step 3: Participant Authorization

I hereby certify the information provided on this form is accurate. Further, I understand my completion and submission of this form authorizes **(Insert FI Name)** to issue payment directly to the specified account unless I notify them otherwise. I also understand a \$25.00 fee will be deducted from my account for deposits returned for any reason.

*Participant Signature

Date

For office use only: