

DIRECT DEPOSIT ENROLLMENT FORM

To enroll in Direct Deposit, simply fill out the attached form and give it to your payroll manager. You **must attach a voided check (for checking)** or a *deposit slip* (for savings) on the account listed below. This will help ensure that you are paid correctly.

Important!!!! Please read and sign before completing and submitting.

I hereby authorize my employer (hereinafter called "Company") to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter called "Bank"). Further, I authorize the Bank to accept and to credit any credit entries indicated by the Company to my account. In the event that the Company deposits funds erroneously into my account, I authorize the Company to debit my account for amount not to exceed the original amount of the erroneous credit.

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

Employee Name _____ Date _____

Signature _____ Social Security # _____

Company Name _____

Direct Deposit takes 2-3 weeks from the receipt of this form to be in effect.

TO BE FILLED IN BY LEASING COMPANY

ACCOUNT INFORMATION:

You may choose only **one** account for your direct deposit.

Bank Name _____ City/State _____

Transit/ARA# _____

Account # _____ Checking **or** Savings

IN THE EVENT YOUR ACCOUNT NUMBER CHANGES FOR ANY REASON (i.e. bank mergers, etc.) YOU MUST NOTIFY US IMMEDIATELY SO NEW PAPERWORK CAN BE FILLED OUT!!!!