

# Employee Direct Deposit Enrollment Form



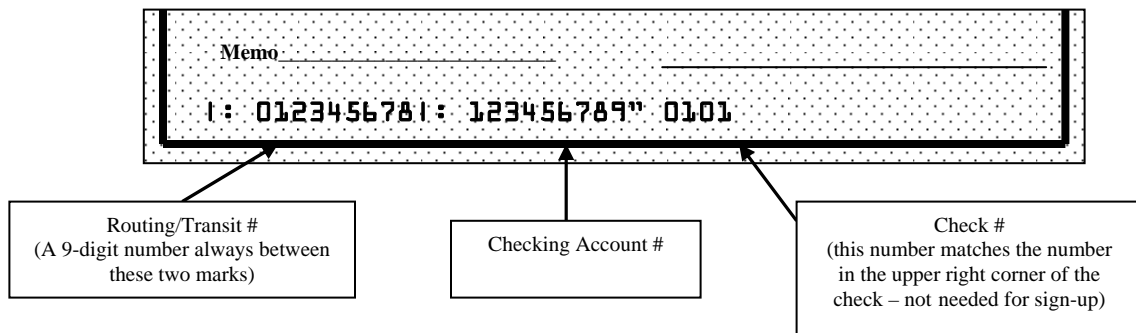
**Payroll Manager – Please complete this section and send a copy to ADP for enrollment. (Please print.)**

Company Code: \_\_\_\_\_ Company Name: L.A. Downtown Medical Center Employee File Number: \_\_\_\_\_

Payroll Mgr. Name: \_\_\_\_\_ Payroll Mgr. Signature: \_\_\_\_\_

To enroll in Full Service Direct Deposit, fill out this form and give 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 Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, 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 account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by ADP to my account. In the event that ADP deposits funds erroneously into my account, I authorize ADP to debit my account for an amount not to exceed the original amount of the erroneous credit.

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: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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 paycheck.**

1. Bank Name/City/State: \_\_\_\_\_  
Routing Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Checking  Savings  Other I wish to deposit: \$ \_\_\_\_\_ or  Entire Net Amount
2. Bank Name/City/State: \_\_\_\_\_  
Routing Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Checking  Savings  Other I wish to deposit: \$ \_\_\_\_\_ or  Entire Net Amount
3. Bank Name/City/State: \_\_\_\_\_  
Routing Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Checking  Savings  Other I wish to deposit: \$ \_\_\_\_\_ 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.