

## Direct Deposit Enrollment Form

Employee Name \_\_\_\_\_

Employee ID \_\_\_\_\_

Department \_\_\_\_\_

Social Security Number \_\_\_\_\_

Bank Name and Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

| INST. # | BRANCH # | ACCOUNT # |
|---------|----------|-----------|
|         |          |           |

Please attach voided cheque below.

Signature authorization to use direct deposit system to make direct payments into the above listed account.

Signature of payee \_\_\_\_\_ Date \_\_\_\_\_