HHM

CERTIFIED PUBLIC ACCOUNTANTS

Direct Deposit Enrollment/Change/Cancellation Form

NAME (Last, First, MI) _____

ADDRESS: _____

SOCIAL SECURITY #_____-_____-_____ PHONE # (_____) _____-_____

Please include a voided check or bank notice with this form (**deposit slips are not acceptable**). You may choose up to three bank accounts in which to have your paycheck direct deposited. Please list the accounts in order (primary, secondary and additional account) and state the amount or percent of your paycheck that you would like deposited into each account.

Account Type	Add (√)	Chg (√)	Cancel (√)	Name of Financial Institution	Account Numbers	Amount, % or Excess
◯ Savings ◯ Checking	◯	◯	◯		Account # Routing #	
◯ Savings ◯ Checking	◯	◯	◯		Account # Routing #	
◯ Savings ◯ Checking	◯	◯	◯		Account # Routing #	

Electronic direct deposit of payroll occurs on the 15th and the last day of the month for salary pay periods (if the 15th or last day of the month falls on a weekend, payroll will be deposited on the Friday before) and every other Wednesday for hourly pay periods.

In signing this form, I authorize my payroll deposit to be sent to the Financial Institution(s) named and deposited into the designated account(s).

Employee_____Date _____