



DIRECT DEPOSIT ENROLLMENT FORM

DATE: _____

TO: Stephanie P. Bannon,
Human Resources Coordinator

FROM: _____

Please use this letter as authorization to direct deposit my check on a regular basis to my bank as follows:

NAME OF BANK: _____

ADDRESS: _____

ACCOUNT NUMBER: _____

ACH ROUTING/BANK NUMBER: _____

I understand that deposits will be made to the above referenced account unless I give prior written notice at least ten (10) days before a scheduled pay date. I also understand that it is my responsibility to make appropriate arrangements with my financial institution if I wish to have this deposit allocated to other accounts.

(Signature)

"It is critical that you notify the Human Resources Department immediately if you have any changes with your banking information. Failure to do so will cause a delay in payment."