



## Direct Deposit Enrollment Form

### To enroll in Direct Deposit.

To enroll in Full Service Direct Deposit, please complete this form and return to the Human Resource Department/Payroll. Attach a voided check for each checking account (not a deposit slip) and a Direct Deposit Authorization Form (provided by your bank). If depositing to a savings account, please provide Routing/Transit Number for your account (if may differ from checking).



### Important: Please read and sign before completing and submitting.

I hereby authorize FD Reconditioning Specialist (FD) to deposit any amounts owed to 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 FD to my account.

This authorization is to remain in full force and effect until FD and Bank received written notice from me of its termination.

Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Account Information

Bank name: \_\_\_\_\_

Routing number/ABA and transit number (9 digits): \_\_\_\_\_

Bank account number: \_\_\_\_\_

Amount to be deposited: \$\_\_\_\_\_. \_\_\_\_\_ ☐ entire net amount (paycheck)

☐ Checking ☐ Savings ☐ Other: \_\_\_\_\_

To add additional account information, please see reverse side.