



Direct Deposit Enrollment/Change Form

Employee Name (please print) _____

Please complete below and return to Select Human Services with one of the following forms of documentation:

- Voided check with name imprinted (no starter checks)
- Form from your bank with your name, the bank's name, routing number, account number, and type of account noted
- Bank letter with above information, signed by local bank representative

Account 1

Checking account **-or-** Savings account

Full _____ **-or-** Partial (% of net) _____ **-or-** Amt (fixed \$ amt) _____

Bank Name _____

Routing Number _____ Account Number _____

Account 2

Checking account **-or-** Savings account

Full _____ **-or-** Partial (% of net) _____ **-or-** Amt (fixed \$ amt) _____

Bank Name _____

Routing Number _____ Account Number _____

I authorize my employer to deposit my wages/salary into the bank account(s) specified above. I agree that direct deposit transactions I authorize comply with all applicable law. My signature below indicates that I am agreeing that I am either the account holder or have the authority of the account holder to authorize my employer to make direct deposits into the named account.

Signature _____

Date _____