



### Direct Deposit Enrollment Form

New Request       Change of Account       Termination Request

**Employee Information:**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ File#: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Bank Information:** *(If splitting the deposits between two accounts, please submit 2 separate forms and specify \_\_\_\_\_%)*

Bank Name: \_\_\_\_\_

Bank       Credit Union

Exact Name on Account: \_\_\_\_\_

Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_

Checking       Savings\*\*

*\*If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account as it is not the same as the number on a savings deposit slip.*

**\*\*PLEASE ATTACH A VOIDED CHECK OR BANK LETTER – NOT A DEPOSIT SLIP\*\***

**Authorization Agreement:** I hereby authorize Channel Islands Social Services (the Company) to deposit my paycheck directly into the above-mentioned account and to access my paystubs online. This authority will remain in effect until I have given written notice that I am terminating this agreement, or until the Company has notified me that this deposit service has been discontinued. If funds to which I am not entitled are deposited into my account for any reason, I authorize the correction (debit) electronically or by any other commercially accepted method. I understand that this authorization may be rejected or discontinued by the Company at any time.

I understand that new requests and changes may take up to 2 pay cycles to take effect.

If any of the above information changes, I will promptly complete and submit a new enrollment form to the Company. If a direct deposit is not stopped before an employee's bank account is closed, I understand that a replacement check may be delayed until the return of funds to the Company's bank has been verified.

*I understand that if I elect direct deposit into an account with a small community bank or credit union, the electronic funds transfer from the Company's bank may be delayed up to two business days after pay day, which is out of the Company's control.*

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

PAYROLL CONFIRMATION:  Paylocity       ACT      Payday Start: \_\_\_\_\_ Employee Notified \_\_\_\_\_