



Employee Direct Deposit Enrollment/Change Form

One Account Per Form

Use Additional Forms for Additional Accounts

Company Name _____

PLEASE READ AND SIGN BEFORE SUBMITTING

I hereby authorize my employer to initiate credit entries and initiate, if necessary, debit entries and adjustments for any credit entries to my account at the financial institution indicated on this form.

This authorization is to remain in full force and effect until Primepoint has received written notification from me, and Primepoint and Bank have a reasonable opportunity to act on it.

Employee Name: _____

Last 4 Digits of Social Security #: _____

Employee Signature: _____

Date: _____

NEW ACCOUNT INFORMATION – Sample check below identifies the routing and account numbers

Bank Name _____

Routing # _____

Account # _____

I wish to: (check one)

Account Type: (check one)

- ☐ Deposit Net into account
- ☐ Deposit _____% into account
- ☐ Deposit \$_____ into account

- ☐ Checking
- ☐ Savings
- ☐ HSA

REVISE / REMOVE EXISTING ACCOUNT (Please circle the action requested)

Bank Name _____

Routing # _____

Account # _____

I wish to: (check one)

Account Type: (check one)

- ☐ Deposit Net into account
- ☐ Deposit _____% into account
- ☐ Deposit \$_____ into account
- ☐ Remove from Direct Deposit

- ☐ Checking
- ☐ Savings
- ☐ HSA

Memo
⑆056073506⑆ 9435732348 11 1438
Routing Number Bank Account
(Exactly 9 digits) Number

Include a voided check or bank specification sheet for each account. DO NOT SEND A DEPOSIT SLIP.