



Employee Direct Deposit Enrollment Form

General Instructions: (1) Fill out and sign this form, (2) Attach a voided check for each checking account (*not a deposit slip*), and (3) Return this to your Payroll Manager. If you want to deposit into a savings account, have your bank provide you with the account number and the routing and transit number on an official bank form (*it usually is not the number on a deposit slip*). See example at bottom.

Company: _____

Payroll Bureau: Pink Payroll

Employee Account Information. (Last item must equal remaining balance. For more accounts, attach additional sheets).

___ New Account ___ Additional Account ___ Replacement Account

1. Bank Name, City, & State: _____

Routing & Transit Number: _____ Account Number: _____

Checking Savings HSA Please deposit: \$ _____ . ____ or ____% or Entire Net Pay

___ New Account ___ Additional Account ___ Replacement Account

2. Bank Name, City, & State: _____

Routing & Transit Number: _____ Account Number: _____

Checking Savings HSA Please deposit: \$ _____ . ____ or ____% or Remaining Net Pay

Important! Employees, please read and sign the following before you complete and submit your account information.

I hereby authorize and request the Company/Pink Payroll (hereinafter referred to as Employer/ Pink Payroll) named above to make payment of any amounts owed to me by initiating credit entries to my account indicated below at the bank named below. I also authorize and request the bank to accept any credit entries initiated by my Employer/ Pink Payroll to such account and to credit the same to such account without responsibility for the correctness thereof. I further authorize and request my Employer to effect repayment to my Employer/ Pink Payroll for amounts owed to it because of prior erroneous credit(s) initiated to my account. It is understood that this agreement may be terminated by me at any time by written notification to my Employer/ Pink Payroll. Any such notification to my Employer/ Pink Payroll shall be effective only with respect to entries initiated by my Employer/Pink Payroll after receipt of such notification and a reasonable opportunity to act on it. I recognize, acknowledge, and accept that this service is being provided for my convenience. As such, I agree to hold my Employer, Pink Payroll, Cachet, each participating bank and National Automated Clearing House Association (NACHA) harmless from any claim incident to the operation of this plan, arising from any act or omission by my Employer/ Pink Payroll their employees, including without limitation, any claim based on alleged loss as a result of any non-credit of any deposit, and any claim which may be made by any depositor as a result of the rejection of any of his debits because of insufficient funds arising from the failure to credit deposits to his/her account.

Printed Name: _____ Social Security #: _____ - _____ - _____

Employee Signature: _____ Date: _____