



**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)

Deposit Net into account

Deposit _____% into account

Deposit \$ _____ into account

Account Type: (check one)

Checking

Savings

HSA

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

Bank Name _____

Routing # _____ Account # _____

I wish to: (check one)

Deposit Net into account

Deposit _____% into account

Deposit \$ _____ into account

Remove from Direct Deposit

Account Type: (check one)

Checking

Savings

HSA



Routing Number (Exactly 9 digits) Bank Account Number

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