



Direct Deposit Enrollment Form

Fax your request to 214-951-0845.

I, _____ effective this _____ day of _____ year 20____, hereby authorize my employer to initiate deposits of my net payroll check for each pay period into my bank account. I further authorize my employer to initiate debits to my account should a deposit occur in error. I understand that this authorization will remain in effect indefinitely unless I notify my employer that I wish to change or discontinue receiving my net check through direct deposit.

I understand that it may take up to 14 days to implement this benefit to me and that I must allow up to 14 days for any change or cancellation to take affect with this enrollment. Should I close or change my account for any reason without notifying my employer of the change within 14 days, I understand and agree that it may take up to 21 days for any funds which have been transmitted to the closed/changed account to be paid to me. Further I understand that replacement of previously transmitted funds will require written proof of rejection on the part of my bank (the receiving bank) and my employer's bank (the sending bank).

I acknowledge and affirm that I am the account holder for this account.

Please print **NEATLY**

Bank Name _____

Routing Number _____

Account Number _____

First Name _____ Last Name _____

SS# _____ Work Location _____

Telephone Number _____ Email _____

Please tape a voided check from your account here.

Note: For Additional **Savings Accounts**, please obtain a direct deposit form from your bank and fax it along with this enrollment form.