

**Direct Deposit Enrollment Form**

**Provider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employment Status: \_\_\_W2\_\_\_1099\_\_Corp**

**Name Appears on the bank account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Complete to Enroll:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Account** | **YES/NO** | **Financial Institution/Bank Name** | **Bank Account #** | **Bank Account Routing #** |
| **Business Checking**  |   |   |   |   |
| **Personal Checking**  |   |   |   |   |
| **Business Savings** |   |   |   |   |
| **Personal Saving** |   |   |   |   |

**I authorize my employer to deposit my salary/payments into the bank account specified above. I agree that the direct deposit transactions I authorize will comply with all applicable law. My signature below indicates that I am agreeing that I am either the accountholder or have authority of accountholder to authorize my employer to make direct deposit into the named account.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider’s Name Date:**