

## DIRECT DEPOSIT ENROLLMENT FORM

**NOTE:** A manual check may be issued for one or two pay periods while a request for Direct Deposit is being processed, for both initial requests and requests resulting from a change of bank accounts.

To enroll in Full Service Direct Deposit, simply complete this form and submit electronically it to HR. Also attach a Voided Check, not a deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information can be found that is necessary to complete this form:

Memo _____		
: □	: _____	= □ □

**Routing/Transit Number**  
 (A 9-digit number always between these two marks)

**Checking Account Number**

**Check Number**  
 (this number matches the number in the upper right corner of the check – not needed for sign-up)

### IMPORTANT!

**Please READ and SIGN before completing and submitting.**

I hereby authorize PAYCHEX to deposit any amounts owed me, as instructed by Your Design Online, LLC, by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by PAYCHEX to my accounts. In the event that PAYCHEX deposits funds erroneously into my account, I authorize PAYCHEX to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until PAYCHEX and Bank have received written notice from me of its termination in such time and in such manner as to afford PAYCHEX and Bank reasonable opportunity to act on it.

Contractor Name: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

DBA Name, if any: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor Signature: \_\_\_\_\_

### Account Information

Complete at least the first set of Bank information below. If you would like money to be deposited into separate accounts, complete both sets of information below.

1) Bank Name/City/State: \_\_\_\_\_

Routing Transit #: \_\_\_\_\_ Account #: \_\_\_\_\_

Checking \_\_\_ Savings \_\_\_ Other \_\_\_ I wish to deposit \$ \_\_\_\_\_.\_\_\_ or Entire Amount \_\_\_

2) Bank Name/City/State (optional): \_\_\_\_\_

Routing Transit #: \_\_\_\_\_ Account #: \_\_\_\_\_

Checking \_\_\_ Savings \_\_\_ Other \_\_\_ I wish to deposit \$\_\_\_\_\_.\_\_\_ or Remaining Amount \_\_\_

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Attach copy of Voided Check #1

Attach copy of Voided Check #2 (optional)