BradyMartz

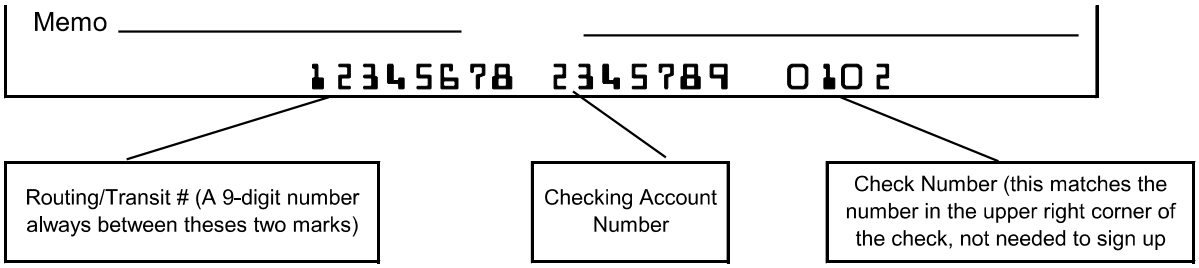
Make Every Day Count

Employee Direct Deposit Enrollment

Company Name:	
Payroll Manager Name: Grand Forks Youth Hockey Association	Payroll Manager Signature:

To enroll in full service Direct Deposit, fill out this form, attached a voided check for each checking account (deposit slips are not acceptable) and return it to your payroll manager. If you are depositing into a savings account, ask your bank to provide you with the Routing/Transit Number for your account, as it is not always the same as the number on a savings deposit slip.

Below is a sample check MICR line that details where the information needed to complete this enrollment can be found.



Account Information (please attach a voided check for each account)

Employee Name:				Social Security Number Not required
Bank Name / City / State:				
Routing / Transit Number:				Account Number:
☐ Checking	☐ Savings	☐ Other	I wish to Deposit $ _____	or ☐ Entire Net Amount
Bank Name / City / State:				
Routing / Transit Number:				Account Number:
☐ Checking	☐ Savings	☐ Other	I wish to Deposit $ _____	or ☐ Entire Net Amount
Bank Name / City / State:				
Routing / Transit Number:				Account Number:
☐ Checking	☐ Savings	☐ Other	I wish to Deposit $ _____	or ☐ Entire Net Amount

Important

Please Read prior to submitting.

I hereby authorize Employer above, either directly or through its payroll service provider, to deposit any amounts owed to me, by initiating credit entries to my accounts at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize bank to accept and to credit any credit entries indicated by Employer, either directly or through its payroll service provider, to my account. In the event that Employer deposits funds erroneously into my account, I authorized Employer, either directly or through its payroll service provider, 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 Employer and Bank have received written notice from me of its termination in such time and in such manner as to afford Employer and Bank reasonable opportunity to act on it.

Employee Signature: _____ Date: _____