



20 Mechanic Street Gorham, ME 04038 • PH: 207-839-2744 • FAX: 207-839-3737

### Direct Deposit Enrollment/Change Form

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Please complete and return the original to Human Resource Department.

Complete to Enroll/Add/ Change Bank Accounts	
Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Accountholder's Name: _____
Routing/Transit Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Checking/ Savings Account Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Financial Institution (bank) Name: _____	
Deposit Amount: <input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00 <input type="checkbox"/> Remainder of Net Pay	
Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Accountholder's Name: _____
Routing/Transit Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Checking/ Savings Account Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Financial Institution (bank) Name: _____	
Deposit Amount: <input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00 <input type="checkbox"/> Remainder of Net Pay	
Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Accountholder's Name: _____
Routing/Transit Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Checking/ Savings Account Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Financial Institution (bank) Name: _____	
Deposit Amount: <input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00 <input type="checkbox"/> Remainder of Net Pay	

I hereby authorize my employer/company to electronically deposit my earnings into the bank account(s) specified above and, if necessary, to electronically debit my account to correct erroneous entries. I understand that adjustment and/or reversing entries may be made to these accounts to ensure an accurate and balance accounting of all transactions. Furthermore, I certify that the account number(s) listed above accurately reflects my intended receiving amount.

This authorization is to remain in full force and effective until my employer/company has received written notification from me of its termination in such time and manner as to afford the Company and Bank a reasonable opportunity to act of it.

My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer/company to make direct deposits into the name account (s).

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Employer/Company Representative Printed Name: \_\_\_\_\_

Employer/Company Representative Signature: \_\_\_\_\_ Date \_\_\_\_\_