



EMPLOYEE DIRECT DEPOSIT ENROLLMENT or WAIVER

EMPLOYEE NAME:		DATE:	
EMPLOYEE SS#:			
Account #1	<input type="checkbox"/> New Account <input type="checkbox"/> Change Account <input type="checkbox"/> Delete Account	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	<input type="checkbox"/> 100% of my earnings <input type="checkbox"/> Percentage _____% <input type="checkbox"/> Flat \$ _____
	Bank Name:		
	Routing #:		
	Account #:		
Account #2	<input type="checkbox"/> New Account <input type="checkbox"/> Change Account <input type="checkbox"/> Delete Account	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	<input type="checkbox"/> 100% of my earnings <input type="checkbox"/> Percentage _____% <input type="checkbox"/> Flat \$ _____
	Bank Name:		
	Routing #:		
	Account #:		
Account #3	<input type="checkbox"/> New Account <input type="checkbox"/> Change Account <input type="checkbox"/> Delete Account	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	<input type="checkbox"/> 100% of my earnings <input type="checkbox"/> Percentage _____% <input type="checkbox"/> Flat \$ _____
	Bank Name:		
	Routing #:		
	Account #:		
<p>NOTE – Any check net remaining after dispersing through the above accounts will be cut with an actual check. Please provide a voided check for each account above. <u>A deposit slip will not work.</u></p> <p>I hereby authorize the above listed “Employer” and its payroll processor, ECCA, to deposit any amounts owed me by initiating credit entries to my account at the financial institutions indicated above. Further, I authorize the Financial Institution to accept any debit entries indicated by “Employer” or ECCA for erroneous or unfunded amounts previously credited. I authorized my “Employer” or ECCA to debit my account for an amount not to exceed the original amount of the erroneous credit.</p> <p>This Authority is to remain in full force and effective until “Employer” has received written notification from me of its termination in such time and in such manner as to afford “Employer” reasonable opportunity to act.</p>			
Approval Signature		Date	
WAIVER SIGNATURE			
<input type="checkbox"/> At this time, I am electing to NOT enroll in the Employer's Direct Deposit Program; I understand I can choose to enroll at anytime in the future by completing this form. I also understand that PARAGON SERVICES reserves the right to charge employees for each ‘live’ payroll check received.			
Waiver Signature		Date	