

# ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT AUTHORIZATION



Please read instructions on back.

OFFICE USE ONLY

EMPL. NO	

PRINT LAST NAME, FIRST, MIDDLE INITIAL	

SOCIAL SECURITY NUMBER	
0	0

ACTION CODE	PRI CODE	BANK RTE NUMBER	BANK ACCOUNT NUMBER	SAV CHK IND	DISTR TYPE	DIST AMOUNT	BANK NAME
<input type="checkbox"/>	1			S	C A R		

Contact your financial institution to verify your BANK (TRANSIT) ROUTING NUMBER and BANK ACCOUNT NUMBER.

Attach a VOIDED check, deposit slip or other document showing your BANK (TRANSIT) ROUTING NUMBER and BANK ACCOUNT NUMBER.

Select One:

- Checking Deposit -**  
Attach a voided check
- Savings Deposit -**  
Attach a savings deposit slip

Staple voided example to original here.

<b>CANCELLATION OF EFT TRANSACTIONS</b>	
<input type="checkbox"/>	Check this box to cancel all EFT Transactions
Signature	Date

The information collected on this form will be used for the administration of the corporations payroll and benefits. Protection from further disclosure will be in accordance with corporate policies on data privacy.

White Copy - Return to your Human Resources office

Yellow Copy - Keep for your records

<b>ENROLLMENT AUTHORIZATION</b>	
Please enroll me in the Direct Deposit Program.	
I authorize the Company to make payments of my net pay by initiating credit entries or correcting entries to the bank account I have designated above.	
I have had an opportunity to read and understand all of the information provided by the Company regarding this program.	
I understand that this authorization will continue in force unless discontinued by my written request, and it is also my responsibility to maintain the designated account as open to prevent rejected or returned entries.	
Signature	Date
Telephone Number	

# INSTRUCTIONS

## Electronic Funds Transfer (EFT) Enrollment Authorization

Please print the information required.

**ACTION CODE**

Enter 'A' to ADD a new account. First time authorizations will always require an 'A' entry.

Enter 'C' to CHANGE an account. Enter only the information for the fields you are changing.  
Exception - to change a PRIORITY CODE, you must submit a newly completed form.

Enter 'D' to DELETE an individual account. You must enter the BANK ROUTING NUMBER and BANK ACCOUNT NUMBER to be deleted. If you wish to delete all accounts, check the cancellation box.

It is recommended that you review your last authorization if you are changing or deleting accounts. Please contact your HR office if you need a copy.

**BANK RTE NO**

Enter your BANK (TRANSIT) ROUTING NUMBER that you verified with your financial institution.

**BANK ACCOUNT  
NUMBER**

Enter your BANK ACCOUNT NUMBER that you verified with your financial institution.

JANET K. DOE  
LIC. D-123-456-789-000  
1234 Any Street  
St. Paul, MN 55105

2653

19\_\_ 22-18/99

PAY TO THE ORDER OF \_\_\_\_\_; \$ \_\_\_\_\_

DOLLARS

**Cherokee State Bank**  
Saint Paul, Minnesota

CENTSABLE ACCOUNT

⑆096000580⑆ 123456789 2653

Transit Routing Number      Account Number

NOTE: BANK (TRANSIT) ROUTING NUMBER appears between these symbols - I: I: - and is followed by your BANK ACCOUNT NUMBER. Ignore any spaces in your BANK ACCOUNT NUMBER.

**SAV  
CHK IND**

Circle 'S' for savings account.  
Circle 'C' for checking or other accounts.

**DISTR  
TYPE**

Circle 'A' to deposit a set dollar amount.  
Circle 'R' to deposit net pay.

**DISTR  
AMOUNT**

Enter a dollar amount for 'A' entry in DISTR TYPE field.  
Leave blank if the DISTR TYPE field is set to 'R'.

**BANK NAME**

Enter your bank name.

**CANCELLATION OF  
EFT TRANSACTIONS**

Check this box to cancel EFT transactions and sign it.

**ENROLLMENT  
AUTHORIZATION**

Complete entire section and sign it. Failure to do so will delay your enrollment process.