



Town of Waterford Employee Direct Deposit Enrollment Form

To enroll in Full Service Direct Deposit, simply fill out this form and give it to your payroll manager. Attach a voided check for each checking account – not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check detailing where the information necessary to complete this form can be found.

The diagram shows a sample check with three callout boxes:

- Routing/Transit #**
(A 9-digit number always between these two marks)
- Checking Account #**
- Check #**
(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 the Town of Waterford to deposit any amounts owed me 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 the Town of Waterford to my accounts. In the event that the Town of Waterford deposits funds erroneously into my account, I authorize the Town of Waterford 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 the Town of Waterford and Bank have received written notice from me of its termination in such time and in such manner as to afford the Town of Waterford and Bank reasonable opportunity to act on it.

I hereby consent to and understand that my record of hours worked, gross earnings, deductions, and net earnings (i.e., pay stub) will only be available electronically through ADP's online access, of which I have been given instructions on how to access.

I hereby agree to have ADP notifications sent to my personal email address: _____

Employee Name: _____ Social Security Number: _____

Employee Signature: _____ Date: _____

Account Information

You may choose up to three accounts. (Your last item must be for the remaining amount owed to you.)

1. Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

☐ Checking ☐ Savings I wish to deposit: \$ _____ or ☐ Entire Net Amount

2. Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

☐ Checking ☐ Savings I wish to deposit: \$ _____ or ☐ Entire Net Amount

3. Bank Name/City/State: _____

3. Routing/Transit #: _____ Account Number: _____

☐ Checking ☐ Savings I wish to deposit: \$ _____ or ☐ Entire Net Amount