

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 or direct deposit form issued by your bank.** We cannot accept deposit slips, as the routing number is not always the same on the slip as it is for your account itself. The direct deposit form from your bank is only valid if the account and routing numbers are printed on the form from the bank. We cannot accept forms where you write in this information, since this form is intended to verify the account.

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



Important! Please read and sign before submitting this form.

I hereby authorize AimHire, either directly or through its payroll service provider, to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by AimHire, either directly or through its payroll service provider, to my account. In the event that AimHire deposits funds erroneously into my account, I authorize AimHire, either directly or through its payroll service provider, to debit my account for any amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until AimHire and Bank have received written notice from me of its termination in such time and in such manner as to afford AimHire and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security #: ____ - ____ - _____

Employee Signature: _____ Date: _____

Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form. **Make sure to indicate what kind of account, along with the amount to be deposited, if less than your total net paycheck.**

1. Bank Name/City/State: _____
Routing/Transit #: _____ Account #: _____
 Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount
2. Bank Name/City/State: _____
Routing/Transit #: _____ Account #: _____
 Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount
3. Bank Name/City/State: _____
Routing/Transit #: _____ Account #: _____
 Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount

Attention Payroll Manager: Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.