



Direct Deposit Enrollment Form

DIRECTIONS

To enroll in Direct Deposit, please complete this form and return to Accounting. Attach a **LEGIBLE VOIDED CHECK** for each checking account – **NOT A DEPOSIT SLIP**. If depositing to a savings account, ask your bank for your Routing/Transit Number as this may not be the same as the number on a savings deposit slip.

Below is a sample check MICR line, showing where to find the necessary information:

Memo		
: 012345678:	: 012345678:	0101
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)

AUTHORIZATION

I hereby authorize Dakota 2000 to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. I authorize Bank to accept any credit entries indicated by Dakota 2000 to my account. In the event that Dakota 2000 deposits funds erroneously into my account, I authorize Dakota 2000 to debit my account for the amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Dakota 2000 and Bank have received written notice from me of its termination in such time and manner as to afford reasonable opportunity to act on it.

Employee Printed Name _____ SSN: _____ - _____ - _____

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 amount to be deposited if it is 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 Balance of net

3. Bank name/city/state _____

Routing Transit # _____ Account # _____

Checking Savings Other I wish to deposit \$_____ or Balance of net

ATTENTION PAYROLL MANAGER

Employers must keep each original employee enrollment form on file as long as the employee is using Direct Deposit, and for two years thereafter.