



Direct Deposit Enrollment

Payroll Manager: Please complete this section and forward a copy to Payrite by fax - (877) 455-8858 or secure email – Payrite.Filemail.com

Employer / Company Name (payer)	Date
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Employers must keep this enrollment form on file for as long as the employee / payee is using direct deposit and for two years thereafter.

Payee / Employee: To enroll in direct deposit, fill out this form and give it to your human resources manager. **Attach a voided check for each checking account – not a deposit slip.** If depositing into a savings account, or you do not have checks for a checking account, obtain a specification sheet from your bank that includes the routing and account numbers. **Failure to attach these documents will result in the enrollment being rejected.**

Account #1	Bank Name _____	Account #2 (if applicable)	Bank Name _____
	Type: Checking [] Savings [] Identifier: Last four digits of account # _____		Type: Checking [] Savings [] Identifier: Last four digits of account # _____
	Amount: Entire Net [] Or % of Net _____ % Or Amount \$ _____		Amount: Entire Net [] Or % of Net _____ % Or Amount \$ _____
	I am attaching one of the following (required): Voided Check [] OR Bank document [] <i>(contact your bank)</i>		I am attaching one of the following (required): Voided Check [] OR Bank document [] <i>(contact your bank)</i>

Important! Please read and sign before submitting this form:

I hereby authorize Payrite to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account(s) at the financial institution(s) detailed above. In the event funds are deposited erroneously into my account(s), I authorize Payrite to debit my account(s) for an amount not to exceed the original amount of the erroneous credit. I further authorize Payrite to debit my account(s) in the event my employer does not provide sufficient funds to cover credits initiated through Payrite. This authorization is to remain in full force and effect until employer and Payrite have received written notice from me of its termination in such time and in such manner as to afford my employer and Payrite reasonable opportunity to act on it. I understand that my employer, Payrite, and their agents are NOT responsible for any bank or processor errors, bank or processor failures or bank or processor fees, including NSF or other bank fees that may be imposed on my account. **It is my responsibility to verify deposits on a per payroll basis. I will check with my bank regarding funds availability before I draft funds, either through automatic bill pay, check, or other withdrawal type, from my account.**

Your Name: _____ Social Security #: _____
(Please print) (or Federal id # if signer is a company)

Your Signature: _____ Date: _____