



Employee Direct Deposit Enrollment Form

Payroll Manager – Please complete this section and enter data into your ADP Payroll system for employee enrollment. Then contact your CSR or AE for further instructions on how to update your employee’s direct deposit information to ADP. NOTE: YOUR COMPANY NAME MUST BE FILLED IN BEFORE DISTRIBUTING THIS FORM TO YOUR EMPLOYEE.

Company Code: ilcs Company Name: Immanuel Lutheran Church & School Employee File Number: _____

Payroll Manager: Bill Rathe hr@ilcp.org HR Coordinator: Bill Rathe hr@ilcp.org

To enroll in Full Service Direct Deposit, simply fill out this form and give it to your HR Coordinator or 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 MICR line, detailing where the information necessary to complete this form can be found.

Important! Please read and sign before completing and submitting.

I hereby authorize my employer (hereinafter “Company”) 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 Company to my accounts. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

I understand it will take one pay cycle for the direct deposit of my pay to be implemented. It is my responsibility to notify Company if the direct deposit does not take place on the second pay cycle or any pay cycle thereafter.

I further understand that a pay statement for each pay cycle I receive pay will be available electronically. It is my responsibility to access this statement as it is confirmation of the monies submitted to my financial institution(s) and provides detailed information such as gross and net pay, tax status and withholdings. It is not confirmation that my financial institution has deposited the money into my account. I understand it is my responsibility to confirm the deposit directly with my financial institution prior to making any transactions dependent on that deposit.

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

Employee Name (printed): _____

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 deposited, if less than your total net paycheck.**

1. Bank Name / City / State: _____

Routing / Transit #: _____ Account Number: _____

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

2. Bank Name / City / State: _____

Routing / Transit #: _____ Account Number: _____

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.