

## *Full Service Direct Deposit*

### **Your Pay Goes into the Bank. You Don't.**

Here's a new employee benefit that takes the hassle out of payday.

Full Service Direct Deposit automatically deposits your paycheck into the bank account(s) you select. Distribute your pay among multiple accounts (checking, savings, Christmas clubs, investment accounts, etc.) at different financial institutions. You won't have to stand in long check-cashing lines to deposit your pay anymore. Your pay will be in your account(s), ready for immediate use—even if you can't get to the bank.

### **Full Service Direct Deposit is...**

- *Convenient.* It deposits your net pay automatically to the bank account(s) of your choice. Full Service Direct Deposit also makes your money instantly available on payday for withdrawal or check writing—even if you aren't in the office on payday!
- *Safe.* Full Service Direct Deposit eliminates the chance of lost, stolen, or damaged paychecks.
- *Confidential.* Full Service Direct Deposit reduces handling of your personal payroll information by others.
- *Reliable.* Full Service Direct Deposit provides complete paystub information and deposit confirmation every payday.
- *Free.* All these benefits are offered to employees at no additional charge.

### **How to Enroll...**

To sign up for Full Service Direct Deposit, complete the enrollment form and give it to your payroll manager. Take advantage of Full Service Direct Deposit today!

02-184-124

Roseland, New Jersey 07068-1728  
One ADP Boulevard  
Automatic Data Processing, Inc.



TAKE THE  
HASSLE OUT  
OF YOUR  
PAYDAY

# Full Service Direct Deposit





# 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 FOR COMPLETION. (Please print.)**

Company Code: \_\_\_\_\_ Company Name: \_\_\_\_\_ Employee File Number: \_\_\_\_\_  
(referred to herein as "Employer")  
Payroll Mgr. Name: \_\_\_\_\_ Payroll Mgr. Signature: \_\_\_\_\_

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 MICR line, detailing where the information necessary to complete this form can be found.

The image shows a sample MICR line from a check: `⑆0 1 23456789⑆ 1 23456789⑆ 0 10 1`. Three callout boxes point to specific parts of the line:

- Routing/Transit #** (A 9-digit number always between these two marks) points to the first 9 digits: 0123456789.
- Checking Account #** points to the next 9 digits: 123456789.
- Check #** (this number matches the number in the upper right corner of the check—not needed for sign-up) points to the final 4 digits: 0101.

## Important! Please read and sign before completing and submitting.

I hereby authorize Employer, 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 Employer, either directly or through its payroll service provider, to my account. In the event that Employer deposits funds erroneously into my account, I authorize Employer, either directly or through its payroll service provider, 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 Employer and Bank have received written notice from me of its termination in such time and in such manner as to afford Employer 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 amount to be deposited, if less than your total net paycheck.**

- Bank Name/City/State: \_\_\_\_\_  
Routing/Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Checking  Savings  Other I wish to deposit: \$ \_\_\_\_\_ . \_\_\_\_ or  Entire Net Amount
- Bank Name/City/State: \_\_\_\_\_  
Routing/Transit #: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Checking  Savings  Other I wish to deposit: \$ \_\_\_\_\_ . \_\_\_\_ or  Entire Net Amount
- 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.**