|                      | Direct Deposit            | Enrollment /         | Change Form                       |       |
|----------------------|---------------------------|----------------------|-----------------------------------|-------|
|                      | Reques                    | st For (Check Only   | v One)                            |       |
|                      | Initial Request           | Change               | Cancellation                      |       |
|                      |                           | Personal Data        |                                   |       |
| Employee Name:       |                           |                      |                                   |       |
|                      |                           |                      |                                   |       |
| \ddress:             |                           |                      |                                   |       |
| City, State, Zip Co  | ode:                      |                      |                                   |       |
| s this a change o    | of address?               | 🗌 No                 |                                   |       |
|                      | Fina                      | ncial Institution D  | ata                               |       |
| -inancial Institutio | on:                       |                      |                                   |       |
| Fransit # :          |                           |                      |                                   |       |
|                      |                           |                      |                                   |       |
| f less than 100%     | of your net pay is to b   | e deposited to the   | e account noted, please indicate  |       |
| amount or percen     | tage to be deposited _    |                      |                                   |       |
| Гуре of Account      | Checking                  | Savir                | gs                                |       |
|                      |                           | Authorization        |                                   |       |
| authorize my en      | ployer and the financia   | al institution name  | ed above to deposit automatically | y my  |
| net pay to my acc    | count. This authorizatio  | on includes my co    | nsent to reverse any entries mad  | de in |
| error. This autho    | rization will remain in e | ffect until I give v | written notice of cancellation.   |       |
| Employee Signatu     | ire                       |                      | Date                              |       |
|                      |                           |                      |                                   |       |
|                      | Attac                     | ch Voided Check H    | lere                              |       |
|                      | (Do N                     | lot Use Deposit Ti   | cket)                             |       |
|                      |                           |                      |                                   |       |
|                      |                           |                      |                                   |       |