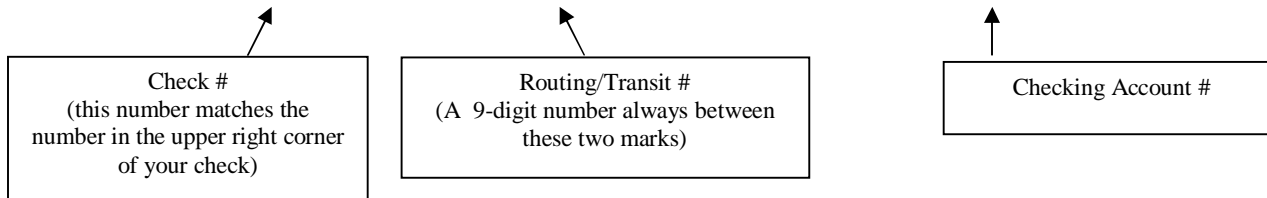
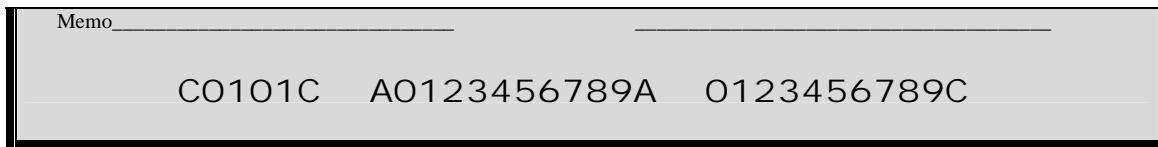


Employee Direct Deposit Enrollment Form

ATTACH VOIDED CHECK HERE

To enroll in Direct Deposit, simply fill out this form and give 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 complete the *Bank Verification Form for Direct Deposit to Savings Accounts* and have your bank fax it directly to Paychecks of New Hampshire (hereinafter “PoNH”). The routing number on the deposit slip isn’t always the same. Having your bank complete the Savings Account Form will assure you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete the form can be found.



IMPORTANT! Please read and sign before completing and submitting.

I authorize PoNH to deposit any amounts owed to me, as instructed by my employer, 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 entries indicated by PoNH to my account. In the event that PoNH deposits funds erroneously into my account, I authorize PoNH 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 PoNH and Bank have received written notice from me of its termination in such time and in such manner as to afford PoNH and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security #: _____ - _____ - _____
(Please Print)

Employee Signature: _____ Date: _____

Employer Name: _____

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.

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

3. 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 enrollment form on file as long as the employee is using DD, and for two years thereafter.