RJ Caruso Tax & Accounting - *Employee Direct Deposit Form*

Payroll Manager – Please complete this section and send a copy to ADP for enrollment. (Please print.)

Company Code: ____**CCP**___ Comp_____any Name:__INTEGRITY STAFFING_____ Date: _____

Payroll Mgr. Name: _____ Payroll Mgr. Signature: _____

To enroll in Direct Deposit, simply fill out this form and give it to your employer. 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 s sample check MICR line, detailing where the information necessary to **complete** this form can be found.

|: 012345678|: 123456789||´ 0101

Routing/Transit # (A 9 digit number always between these two marks)	Checking Account #	Check # (this number matches the number in the upper right corner of the check – not needed for sign-up)

Please read and *sign before completing and submitting.*

I hereby authorize RJ Caruso Tax & Accounting to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions indicated on this form. Further, I authorize my financial institutions to accept and to credit any credit entries indicated by RJ Caruso Tax & Accounting to my accounts. In the event that RJ Caruso Tax & Accounting deposits funds erroneously into my account. I authorize RJ Caruso Tax & Accounting 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 RJ Caruso Tax & Accounting has received written notice from me of its termination in such time and in such manner as to afford RJ Caruso Tax & Accounting reasonable opportunity to act on it.

Employee Name: _____ Social Security #:_____-_____-_____

Employee Signature: _____ Date:_____

Bank Account Information - **PLEASE BE SURE TO SEND A VOID CHECK OR BANK CONFIRMATION FORM WITH THIS FORM!!**

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 #: _____

   □ Checking   □ Savings   □ Other   I wish to deposit $_____._____   or □ Entire Net Amount

2. Bank Name/City/State: _____

   Routing/Transit #: __ __ __ __ __ __ __ __ __ Account #: _____

   □ Checking   □ Savings   □ Other   I wish to deposit $_____._____   or □ Entire Net Amount

3. Bank Name/City/State: _____

   Routing/Transit #: __ __ __ __ __ __ __ __ __ Account #: _____

   □ Checking   □ Savings   □ Other   I wish to deposit $_____._____   or □ Entire Net Amount