



**403-Rehabilitation Hospital of Fort Wayne
Direct Deposit
Enrollment/Change/Cancel**

Date: ___/___/___

Re-enrollment New Enrollment Change Cancel

Name: _____ Social Security Number: ___-___-___

Account Information (Funds can be transferred into FOUR different Checking and/or Saving accounts):

Circle **Checking** or **Saving** **to indicate type of account**

Bank Name: _____

ABA Number: _____ (9 digits)

Account Number: _____

Percent _____% **OR Dollar** \$_____ of wages to be deposited into this account

Circle **Checking** or **Saving** **to indicate type of account**

Bank Name: _____

ABA Number: _____ (9 digits)

Account Number: _____

Percent _____% **OR Dollar** \$_____ of wages to be deposited into this account

Circle **Checking** or **Saving** **to indicate type of account**

Bank Name: _____

ABA Number: _____ (9 digits)

Account Number: _____

Percent _____% **OR Dollar** \$_____ of wages to be deposited into this account

Circle **Checking** or **Saving** **to indicate type of account**

Bank Name: _____

ABA Number: _____ (9 digits)

Account Number: _____

Percent _____% **OR Dollar** \$_____ of wages to be deposited into this account

PRE-NOTE IS REQUIRED FOR ALL NEW ENROLLMENTS AND CHANGES.

*Pre-note: Means a test is sent to the bank to make sure the funds can be transferred to the account numbers listed above.

New Enrollment: After the form is turned into the payroll department, it may take TWO pay periods before going live on Direct Deposit. The employee will receive a live check during this time.

Change: In order to change to a new bank account, it may take TWO pay periods to change where the funds are transferred. During the two payroll periods, the employee making the change will receive a live check.

Cancel: Employee wishes to cancel direct deposit at this time.

**Please note that the payroll department reserves the right to either debit or credit the employee's account in the event of payroll deposit error.

Send this form with a void check to the payroll department. It is the employee's responsibility to verify that the information on the check is correct.

Employee Signature _____ **Date** _____