



**053-Dupont Hospital  
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** \_\_\_\_\_