

EMPLOYEE DIRECT DEPOSIT ENROLLMENT FORM



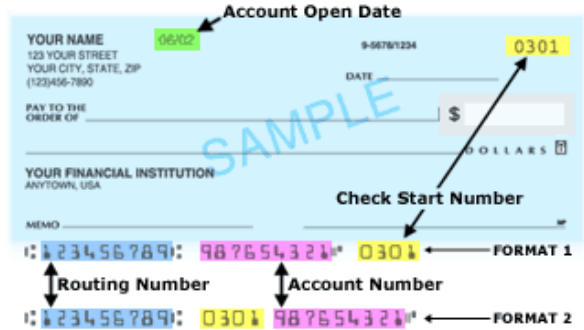
PAYROLL MANAGER - Please complete this section and send a copy with a voided check to SHS for enrollment. (Please Print)

Company Name: _____ Employee #: _____

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

To enroll in Full Service 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 give you the Routing/Transit Number for your account. It isn't always the same as the number of a savings deposit slip. Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.

**Attach VOIDED
Check Here**



IMPORTANT! Please read and sign before completing and submitting.

I authorize SHS Payroll and all financial institution(s) involved in each transaction to deposit my pay automatically to the indicated account(s). In the event that SHS Payroll deposits funds erroneously into my account, I authorize SHS Payroll to debit my account for the amount not to exceed the original amount of the erroneous credit. I understand that neither my employer, nor SHS Payroll is responsible for bank errors or bank fees. I may cancel these Direct Deposit(s) at any time.

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

Employee Signature: _____ Date: _____

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 employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter. Direct Deposit Financial Services are provided in accordance with SHS Payroll and the company Direct Deposit Agreement, Cachet Banq Power of Attorney/Guaranty/Terms and Conditions and the limitations and restrictions of the National Automated Clearing House Association.