

—PART D—

**Payroll—Employee Direct Deposit
Enrollment Form
Children's Dyslexia Centers, Inc.**

(BdGov.12c)

Center Name: _____

Employee Name: _____ SS#: _____

Address: _____

City: _____ State: _____

Bank Information

Bank Name/City/State: _____

Checking

Bank Routing/Transit #: _____

(The Bank's Routing/Transit # is a 9-digit number always on the bottom left hand side of your check)

Your Checking Account #: _____

(Your account number is on the bottom right hand side of your check)

Attach a Voided Check; a photocopy of a check is not acceptable

Savings

If depositing to a savings account, ask your bank to give you a form to complete for your account. Every Bank has these forms and will have the correct routing information. This will help ensure that you are paid correctly. The Bank Routing Transit Number isn't always the same as the number on a savings deposit slip.

Important! Please read and sign before completing and submitting.

I hereby authorize Employer, either directly or through its payroll service provider, to deposit any amounts owed me, 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 any credit entries indicated by Employer, either directly or through its payroll service provider, to my account. In the event that Employer deposits funds erroneously into my account, I authorize Employer, either directly or through its payroll service provider, 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 Employer and Bank have received written notice from me of its termination in such time and in such manner as to afford Employer and Bank reasonable opportunity to act on it.

Employee Signature: _____

Date: _____