



The Dentists Who Make You Smile

EMPLOYEE DIRECT DEPOSIT ENROLLMENT FORM

If you would like to participate in this service, please complete this form and return the ORIGINAL to Human Resources. You may directly deposit into (3) different accounts. Direct deposit takes approximately 3 payroll cycles to begin.

YOU MUST ATTACH AN ORIGINAL VOIDED CHECK (with your name and address printed on the check(s) by your bank) FOR EACH CHECKING ACCOUNT THAT YOU ARE DEPOSITING FUNDS INTO.

This is necessary to ensure routing and account numbers are correct. You may terminate this authorization at any time by completing the authorization form appropriately.

ANY INCOMPLETE FORM(S) WILL NOT BE PROCESSED AND RETURNED TO THE EMPLOYEE.

I hereby authorize Employer (South Texas Dental), either directly or through its payroll service provider, to deposit any amounts owed to 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 manner as to afford Employer and Bank reasonable opportunity to act on it.

Employee Name (PRINT): _____ Social Security Number: _____

Signature: _____ Location: _____ Date: _____

(If funds are deposited into only one account – you would only need to complete this section)

NEW _____ CHANGE _____ TERMINATE _____

_____ Checking Account _____ Savings Account \$ _____ First Amount

Financial Institution: _____

City, State: _____

Your Account Number: _____

Bank Routing Number: (9 digit number on bottom left of your check) _____

NEW _____ CHANGE _____ TERMINATE _____

_____ Checking Account _____ Savings Account \$ _____ First Amount

Financial Institution: _____

City, State: _____

Your Account Number: _____

Bank Routing Number: (9 digit number on bottom left of your check) _____

NEW _____ CHANGE _____ TERMINATE _____

_____ Checking Account _____ Savings Account \$ _____ First Amount

Financial Institution: _____

City, State: _____

Your Account Number: _____

Bank Routing Number: (9 digit number on bottom left of your check) _____