



SouthCoastHEALTH

DIRECT DEPOSIT ENROLLMENT FORM

To enroll in Direct Deposit, simply fill out the attached form and give it to your Office Manager or to the Payroll Administrator. **ATTACH A VOIDED CHECK OR DEPOSIT SLIP FOR THE ACCOUNT LISTED BELOW.** This will help ensure that your funds are deposited correctly.

Important! Please read and sign before completing and submitting!

I hereby authorize my employer (hereinafter "Company") to deposit any amounts owed to me by initiating credit entries to my account at the financial institution(s) indicated on this form. Further, I authorize Bank(s) to accept and to credit any credit entries indicated by Company. In the event that Company deposits funds erroneously into my account, I authorize Company 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 Company and Bank(s) have received written notice from me of its termination in such time and in such manner as to afford Company and Bank(s) reasonable opportunity to act on it.

Select Company: SCH <input type="checkbox"/> CHH <input type="checkbox"/>
Employee Name: _____ <div style="text-align: center; font-size: small;">PRINT FULL NAME</div>
Employee Signature: _____ Date: _____
Name of Beneficiary for Final Paycheck: _____ Relationship: _____

1st Account: Bank Name/City/State: _____

(Please select one of the following) Checking or Savings

ROUTING NO.#

ACCOUNT NO.#

Select one: I wish to deposit Net Amount or \$ _____ .00 in this account

2nd Account: Bank Name/City/State: _____

(Please select one of the following) Checking or Savings

ROUTING NO.#

ACCOUNT NO.#

Select one: I wish to deposit Net Amount or \$ _____ .00 in this account

3rd Account: Bank Name/City/State: _____

(Please select one of the following) Checking or Savings

ROUTING NO.#

ACCOUNT NO.#

Select one: I wish to deposit Net Amount or \$ _____ .00 in this account