

Employee Direct Deposit Enrollment Form

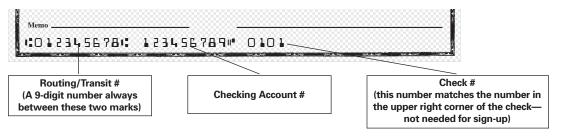
Payroll Manager—Please complete this section and enter data into your ADP Payroll system for employee enrollment. Then contact your CSR or AE for further instructions on how to update your employee's direct deposit information to ADP. NOTE: YOUR COMPANY NAME MUST BE FILLED IN BEFORE DISTRIBUTING THIS FORM TO YOUR **EMPLOYEE FOR COMPLETION.** (Please print.)

_ Company Name: LCPA/Film Society/Chamber Music Society Employee File No:_ Company Code:

Payroll Mgr. Name:	Pavroll Mo	r. Signature:

To enroll in Full Service Direct Deposit, simply fill out this form and give it 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 on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



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 Name: _

Employe	ee Signat	ure:
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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.

	Bank Name/City/State:			Account Number:		
1.	Routing/Transit #:			l wish to deposit: \$	or	🗆 Entire Net Amount
	\Box Checking	Savings	\Box Other			
2.	Bank Name/City	ne/City/State:		Account Number:		
	Routing/Transit #:		l wish to deposit: \$	or	🗆 Entire Net Amount	
	Checking	□ Savings	□ Other			
3. Bank Name/City/State: Routing/Transit #:			Account Number:			
			l wish to deposit: \$	or	🗆 Entire Net Amount	
	Checking	Savings	□ Other			
				_		

Do you have existing Direct Deposit? Yes No

If yes, is the account now closed? Yes No

(Please note, new direct deposit takes two weeks to go into effect.)

ATTENTION PAYROLL MANAGER

mployers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.

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