

Employee Direct Deposit Enrollment Form



Payroll Manager – Please complete this section before submitting to Acadia NorthStar LLC

NOTE: YOUR COMPANY NAME MUST BE FILLED IN BEFORE DISTRIBUTING THIS FORM TO YOUR EMPLOYEE FOR COMPLETION. (Please print).

Client Name: _____ Employee # (if applicable): _____

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

To enroll in direct deposit, simply fill out this form and give it to your payroll manager. Attach a voided check or bank authorization form for your checking or savings account – not a deposit slip. If depositing to a savings account, ask your bank to provide you with 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 located.

The diagram shows a sample MICR line from a check: **⑆0123456789⑆ 123456789⑆ 0101**. Arrows point from labels to specific parts of the line:

- Routing/Transit #**: (A 9-digit number always between these two marks) points to the first 9 digits: 012345678.
- Checking Account #**: points to the next 9 digits: 123456789.
- Check #**: (This number matches the number in the upper right corner of the check – not needed for sign-up) points to the final 4 digits: 0101.

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 (hereinafter "overpayment"), 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. If, upon debiting my account for an overpayment, there are insufficient funds to repay the overpayment I authorize Employer, either directly or through its payroll service provider, to withhold from all future amounts owed to me, including salaries, wages, reimbursements, bonuses or other amounts owed, up to and not to exceed the remaining unpaid portion of the overpayment until such time as it is repaid in full. By signing this document you commit to adhering to all NACHA rules as they apply to origination of ACH entries.

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: _____

Social Security #: _ _ _ - _ _ - _ _

Employee Signature: _____

Date: _____

Account Information

Bank Name/City/State: _____

Routing/Transit #: _ _ _ - _ _ - _ _

Account #: _____

Select One: ☐ Checking ☐ Savings

Attach Void Check Here