

KPFA/Pacifica Direct Deposit Enrollment Form

To enroll in Full Service Direct Deposit, simply fill out this form and give it to the KPFA Business Manager.

- **Attach a voided check for each checking account – not a deposit slip.**
 - One for each account
- **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.
 - One for each account

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 KPFA/Pacifica, 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 KPFA/Pacifica deposits funds erroneously into my account, I authorize KPFA/Pacifica, 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 KPFA/Pacifica and Bank have received written notice from me of its termination in such time and in such manner as to afford KPFA/Pacifica and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security #: _____ - _____ - _____

Employee Signature: _____ Date: _____

Account Information: Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

1. Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$ _____ . ____ or Entire Net Amount

2. Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$ _____ . ____ or Entire Net Amount

3. Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$ _____ . ____ or Entire Net Amount

To distribute to more accounts, please complete another form.

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