



# Direct Deposit Enrollment Authorization

Section A (To be completed by employee)

<p><b>Type of Enrollment Action:</b></p> <p><input type="checkbox"/> <b>NEW</b>                      Sections A, B and C must be completed</p> <p><input type="checkbox"/> <b>CHANGE</b>                      Sections A, B and C must be completed</p> <p><input type="checkbox"/> <b>CANCEL</b>                      Sections A, B and C must be completed</p>	<b>Social Security Number</b>	<b>Department</b>
	<b>Name (First)                      (Middle)                      (Last)</b>	
	<b>Phone Number</b>	

Section B (To be completed by employee if NEW or CHANGE box in Section A is checked)

	Dollar or % Amount	Type of Account (Checking or Savings)	Routing Number	Depositor Account Number	Financial Institution Name and Address
1.					
2.					
3.					

\*If left blank, will be processed as checking account

Section C (To be completed by employee if NEW and CHANGE box in Section A is checked)

**CHECK APPROPRIATE BOX**

In signing this form, I authorize SETA to send the amount(s) listed in Section B of this form to the financial institution(s) named above for deposit to the designates account(s). If at any time the amount of salary or wages so deposited exceeds the amount of salary or wages actually due and payable to me. I hereby authorize SETA to either:

a) Withhold a sum equal to the overpayment from future salary or wages; or

b) Recover such overpayment from the above-designated account.

If SETA is legally obligated to withhold any part of my wage or salary payment for any reason, or if I no longer meet eligibility requirements for the Deposit program, I understand SETA, may terminate my enrollment in the program. If any action taken by me results in direct non-acceptance of a direct deposit by the designated financial institution, I understand that SETA assumes no responsibility for processing a supplemental salary or wage payment until the amount of the non-acceptance deposit is returned to SETA by the financial institution.

\_\_\_\_\_                      \_\_\_\_\_  
Signature                      Date

Section D (To be completed by employee if CANCEL box in Section A is checked)

<input type="checkbox"/> <b>I hereby cancel my Direct Deposit authorization</b>	<b>Signature</b>	<b>Date</b>
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Attach voided check(s) here or Direct Deposit Verification from Financial Institution and must submit original completed Direct Deposit form to Payroll in order to be valid.  
(Deposit slips and/or bank statements are **not** acceptable)