

DIRECT DEPOSIT ENROLLMENT / CHANGE FORM

Employee Name: _____

Dungarvin Company (State): ACI-Dungarvin

If you wish to enroll in the ADP TotalPay card, please fill out the ADP Total Pay Card Enrollment form.

Dungarvin pays employees electronically to ensure timely payment of wages and provides pay stub information electronically, through a web site or an interactive voice response system.

New enrollments or changes in designations will be effective on the next available pay date after the payroll department receives a completed authorization form.

You must attach a voided check or spec sheet/letter from the bank to this form in order for the direct deposit to be processed.

You may choose up to 3 accounts for direct deposit. Enter below all requested information for each account into which you want direct deposit. If your full net pay is to be deposited in one account, please enter "ALL" in the Amount of Deposit column. You may deposit a fixed amount into one or more accounts with the remaining balance entered into another account. ***However, employees may not choose a combination of direct deposit and a live paycheck as a means of payroll distribution.*** Enter the fixed dollar amount for the appropriate account(s) and "BAL" in the Amount of Deposit column for the remaining account. **Please note: If your net pay is less than your specified fixed dollar amount, your entire deposit will be deposited into the account you designated as "BAL."**

Type of Change	Type of Account	Financial Institution Name	Routing Number	Account Number	Amount of Deposit
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> TP card				
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> TP card				
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> TP card				

I wish to enroll in Direct Deposit of my net pay. I understand that failure to provide legible information on this form may result in an unsuccessful direct deposit and a delay in payment. I authorize Dungarvin and the financial institution(s) above to initiate electronic credit entries, and if necessary, debit entries and adjustments for any entries made in error. ***This authorization covers all payments of wages, including the final paycheck upon termination.*** This authority will remain in effect until I cancel it or change it in writing.

Employee Signature: _____

Date: _____

HUMAN RESOURCES USE ONLY

HR/ PR USE ONLY: Verified last 4 of SSN with employee? Yes No
 Verified employee ID with employee? Yes No

VERIFIED: In person Telephonically

HR Signature: _____

Date: _____

For NCO Use Only
 N-HR-28, Eff.: 10/9/19

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 NC – ACI-Dungarvin***