



## Direct Deposit Enrollment Form

To enroll in Direct Deposit, simply fill out this form and give it to your employer. Some employers require a voided check be attached for processing.

I authorize the deposit of my net of my paycheck or other periodic credit entries to the account(s) indicated below, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

### ACCOUNT INFORMATION

**Primary Direct Deposit Account- Choose ONE only please.** *If no additional accounts are specified, 100% of your net pay will be deposited into the Primary Account.*

Priority	Bank Name	Routing Number	Account Number	Amount	Check One
<b>999</b>	<b>AdventHealth Credit Union</b>	<b>263181287</b>		\$ Net pay	<b>Checking Saving</b>
<b>999</b>				\$ Net pay	<b>Checking Saving</b>

**Additional Direct Deposit Accounts.** *Distributions are made to accounts according to the priority specified. Accounts with the lowest priority numbers are funded first, with the balance of your pay deposited into your Primary Account.*

Priority	Bank Name	Routing Number	Account Number	Amount	Check One
<b>1</b>				\$	<b>Checking Saving</b>
<b>2</b>				\$	<b>Checking Saving</b>

If monies to which I am not entitled are deposited to my account, I authorize my Company/Employer to direct the financial institution to return said funds.

This authorization is to remain in full force and effect until the Company/Employer has received written notification from me of its termination in such time and in such manner as to afford Company/Employer and AdventHealth Credit Union a reasonable opportunity to act on it.

Employee Name	Employee ID / SSN
Signature	Date