

Direct Deposit Form

I would like this direct deposit for (Please check one or both) Payroll Check
 Reimbursement/Travel Check

Where would you like your direct deposit stub sent? Please check only ONE:

Main (Administrative-Sturgis) Office _____ Mail Home _____

Emailed _____ print email address here: _____

Direct Deposit Account #1 Dollar (\$) Amount _____ (or specify ALL)

Bank Name _____ Check one: Checking Savings

Account Number _____

Nine Digit Routing Number _____

Direct Deposit Account #2 (Optional) Dollar (\$) Amount _____ (or specify REST)

Bank Name _____ Check one: Checking Savings

Account Number _____

Nine Digit Routing Number _____

If you are unsure of your bank account number and/or routing number, a voided check may be attached for each account. If you do not have a check to void, you may have a bank employee print an authorization from the bank with your name, account number and routing number.

Changes to your direct deposit may take at up to 3 weeks to process

This authorization will remain in effect until BHSSC has received an **original** updated Direct Deposit Enrollment Form. It is important you do not close your account until the Business Office has sufficient time to change your direct deposit information. If you close your account(s) and do not notify the Business Office, it may take up to 2 weeks for a replacement check to be issued.

I authorize , Black Hills Special Services Cooperative, and the financial institution named above to deposit my net pay by electronic transfer to my account each payday. I understand it is my sole responsibility to verify with my financial institution the receipt of my direct deposit funds. If amounts to which I am not entitled are deposited into my account, I authorize my employer to direct my Financial Institution to return them. In the event my designated account is closed or contains an insufficient balance to allow a deduction for amounts deposited in error, I agree that my employer may withhold any amounts owing to me until such amount is repaid.

Printed Name

Signature

Date