

Employer: Kent Swim and Tennis Club

Direct Deposit Enrollment / Change Form



Request for (Check Only One)

Initial Request Change Cancellation

<u>Personal Data</u>
Employee Name: _____
Address: _____
Appt: _____
City, State, Zip Code _____
Is this a change of Address? _____

<u>Financial Institution Data</u>
Financial Institution: _____
Routing Number: _____
Account Number: _____
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Authorization

I authorize my employer and the financial institution named above to deposit automatically my net pay to my account. This authorization includes my consent to reverse any entries made in error. This authorization will remain in effect until I give written notice of cancellation, or upon termination of employment.

Employee Signature _____ Date: _____