



Serendipity
Payroll

Direct Deposit Authorization

To enroll in Direct Deposit, simply fill out this form and give to your HR or Payroll Manager. Attach a voided check for each checking account - not a deposit slip. Only a preprinted check issued by your bank or a letter from your bank stating the routing and account number is acceptable. We cannot accept a blank starter check with your name handwritten or typed on it. Your name must be on the account, or you must provide proof that you are a signer on the account. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



While the position of the account number on your check may vary from the example (e.g., it might not be in the middle) the same principles apply. Attach voided copy of check to form before submitting.

IMPORTANT! Please read and sign before completing and submitting.

I authorize Serendipity Payroll to deposit my payroll check into my account(s) as detailed below. I request that Direct Deposit begin as soon as possible, and continue until I provide written cancellation notice to Serendipity Payroll. If the amount of my Direct Deposit is incorrect or in error, I authorize Serendipity Payroll to recover any amounts deposited from my account(s). I understand that I am responsible for the repayment of any funds directly deposited into my account(s) in error which are not recovered by Serendipity Payroll. Additionally, if any action taken by me, including incorrect or incomplete Routing/Transit Numbers, results in non-acceptance of a direct deposit by the designated financial institution (DFI), or acceptance of a deposit into an incorrect account, I understand that Serendipity Payroll and my employer assume no responsibility for processing a supplemental payment until the amount of the incorrect deposit is returned to Serendipity Payroll by the financial institution. I acknowledge that I am the account holder on the account(s) and that the account(s) listed below are held by a participating DFI and established by a natural person primarily for personal, family or household and not for commercial purposes. This authorization is to remain in full force and effect until Serendipity Payroll and Bank have received written notice from me of its termination in such time and in such manner as to afford Serendipity Payroll and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security #: _____ - _____ - _____

Employee Signature: _____ Date: _____

Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form.

Make sure to indicate type of account and the amount to be deposited, if less than your total net paycheck.

- Bank Name/City/State: _____
 Routing Transit #: _____ Account Number: _____
 Checking Savings I wish to deposit: \$ _____ -or- _____ % of Net
- Bank Name/City/State: _____
 Routing Transit #: _____ Account Number: _____
 Checking Savings I wish to deposit: \$ _____ -or- _____ % of Net
- Bank Name/City/State: _____
 Routing Transit #: _____ Account Number: _____
 Checking Savings I wish to deposit: \$ _____ -or- _____ % of Net

ATTENTION HR/PAYROLL MANAGER:

Employers must keep each original employee enrollment form on file as long as the employee is using Direct Deposit, and for two years thereafter.