



FORM: Direct Deposit

<i>Original Implementation Date:</i>	8/28/12	<i>Date Reviewed/ Revised:</i>	1/28/20	<i>Area of Responsibility:</i>	Human Resources	<i>Version:</i>	5
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If you would like to enroll in Direct Deposit please complete this page, attach account documentation (voided check or bank information with routing and account #'s) for each account and return to your Human Resource department.

***Account documentation is required for Direct Deposit submission**

PLEASE PRINT:

First Name: _____ Last Name: _____

PRIMARY ACCOUNT:

Bank Name: _____

Routing #: _____ Account #: _____

I would like \$ _____ / _____ % of my earnings to be direct deposited into
[] Checking or [] Savings

SECONDARY ACCOUNT:

Bank Name: _____

Routing #: _____ Account #: _____

I would like \$ _____ / _____ % of my earnings to be direct deposited into
[] Checking or [] Savings

*If a secondary account is used the % total must equal 100%.

I authorize Sun Health to automatically deposit my payroll check into my account listed above. (This includes authorization to correct any entries made in error.) This authorization will remain in effect until I give written notice to cancel it.

Employee Signature

Date