## Employee Direct Deposit Enrollment Form

To enroll in Full Service Direct Deposit, simply fill out this form and give to your payroll manager or HR. Attach a voided check for each checking account - not a deposit slip. 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.

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1: 0123456781: 123456789* 0101				
5	Routing/Transit # (A 9-digit number always between these two marks)	Checking Account #	Check #  (this number matches the number in the upper right corner of the check — not needed for sign-up)	
Please check the action and fill out the form below:  Set up new direct deposit  Set up new account to REPLACE current direct deposit account  Change \$ amount on current direct deposit account  Cancelling account (you must cancel direct deposit through payroll BEFORE closing the account with your bank)  Other (explain):				
Account Information  If more than one account is listed, 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 what kind of account, along with amount to be deposited, if less than your total net paycheck.				
1. Bank Name/City/State:				
Routing Transit #:		Account Number:	Account Number:	
Checking Savings Other		I wish to deposit: \$ _	I wish to deposit: \$ or _ Entire Net Amount	
2. Bank Name/City/State:				
Routing Transit #:		Account Number:	Account Number:	
Checking Savings Other		I wish to deposit: \$ _	I wish to deposit: \$ or Entire Net Amount	
3. Bank Name/City/State:				
Routing Transit #:		Account Number:		
Checking	Savings Other	I wish to deposit: \$ _	or Entire Net Amount	
Please return this form to the Payroll Department with a VOIDED CHECK for your checking account or with the deposit information from your bank for your savings account.  I authorize Kiawah Island Golf Resort and the bank(s) listed above to deposit my net pay or portion thereof as indicated into my account each				
payday. If funds to which I am not entitled are deposited into my account, I authorize Kiawah Island Golf Resort to direct the bank to return said funds. I understand that my deposit may not be credited to my account until 5:00PM on the pay date indicated on the check voucher. I understand that it is my responsibility to ensure that my wages are being deposited correctly into my account each payday.				
Employee Name:		Social Sec	Social Security #:	
Employee Signature:		Date:		