



The spirit of caring close to home

Cornerstone Behavioral Healthcare Direct Deposit Enrollment/Change

Employee Name _____ Employee Number _____

Employee: Retain a copy of this form for your records. Return the original to Human Resources.

Type of Account	Financial Institution (Bank) Name	I wish to deposit (check one)
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Routing/Transit Number _____ Account Number _____ _____	<input type="checkbox"/> _____ % of Net <input type="checkbox"/> \$_____ Specific Amount <input type="checkbox"/> Remainder of Net
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Routing/Transit Number _____ Account Number _____ _____	<input type="checkbox"/> _____ % of Net <input type="checkbox"/> \$_____ Specific Amount <input type="checkbox"/> Remainder of Net

One of the following is required to process this enrollment (check one):

- Voided check with name imprinted (no starter checks)
- Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)
- Bank letter or specification sheet (the signature of your local bank representative MUST be included)
- Other Bank Documentation from your Financial Institution

*Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.

I authorize my employer to deposit my wages into the bank accounts specified above. I agree that direct deposit transactions I authorize comply with all applicable law. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the names account.

Employee Signature _____ Date _____