



Legal Placements Incorporated

EMPLOYEE DIRECT DEPOSIT ENROLLMENT FORM HR/Payroll

Please complete this section and send a copy to Legal Placement, Inc. for enrollment. (Please print.)

To enroll in Direct Deposit, complete the information below and return the form to your recruiter. Please remember to 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 the savings deposit slip. This will help ensure that you are paid correctly.

IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize Legal Placements Inc. to deposit any amounts owed to me, as instructed by my employer, by initiating credit issues to my account at the financial institution (hereinafter "Bank") indicated on this form. Further I authorize the bank to accept and to credit any credit entries indicated by Legal Placements, Inc. to my account.

In the event that Legal Placements, Inc. deposits funds to my account erroneously, I authorize Legal Placements Inc. to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Legal Placements Inc. and the bank have received written notice from me of its termination in such time and in such manner as to afford Legal Placements, Inc. and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security # _____

Employee Signature: _____ Date: _____

Account Information

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

Make sure indicate what kind of account, along with the amount to be deposited, if less than your total net paycheck.

1. Bank Name/City/State:

Routing/ Transit #: _____ Account #: _____

- Checking (I wish to deposit \$ _____ or Entire Net Amount)
- Savings
- Other

2. Bank Name/City/State:

Routing/ Transit #: _____ Account #: _____

- Checking (I wish to deposit \$ _____ or Entire Net Amount)
- Savings
- Other

3. Bank Name/City/State:

Routing/ Transit #: _____ Account #: _____

- Checking (I wish to deposit \$ _____ or Entire Net Amount)
- Savings
- Other

ATTENTION: The original employee enrollment form will be kept on file as long as the employee is using FSDD, and for two years thereafter.