# HOSPITAL SISTERS HEALTH SYSTEM
# PAYROLL DIRECT DEPOSIT ENROLLMENT/CHANGE

**Part I** **Employee Information**

*(Check one)* **Deposit Action:** **New:** ☐ **Change:** ☐ **Stop:** ☐

**Name:** ____________________ **Employee ID:** ____________________

**Address:** ____________________ **Home: (__)** ____________________

____________________ **Work Unit:** ____________________

**Part II** **Employee Bank Information**

**NOTES:** **(1) If your financial institution is not a member of the Automated Clearing House Network, you will be notified.**
**(2)When enrolling for the first time or when changing financial institutions and/or account numbers, YOU MUST ATTACH A VOIDED CHECK FOR EACH ACCOUNT AND INSTITUTION LISTED.**

**Bank 1 Name:** ____________________

**Address:** ____________________

**Routing Number:** ____________________

**Account Number:** ____________________

**Account Type: Checking:** ☐ **Savings:** ☐

**Amount to be Deposited: $**____________________ **or** **%**____________________

**Bank 2 Name:** ____________________

**Address:** ____________________

**Routing Number:** ____________________

**Account Number:** ____________________

**Account Type: Checking:** ☐ **Savings:** ☐

**Amount to be Deposited: $**____________________ **or** **%**____________________

**Bank 3 Name:** ____________________

**Address:** ____________________

**Routing Number:** ____________________

**Account Number:** ____________________

**Account Type: Checking:** ☐ **Savings:** ☐

**Amount to be Deposited: $**____________________ **or** **%**____________________

**EMPLOYEE AUTHORIZATION:**

I hereby authorize the Hospital Sisters Health System (HSHS) to deposit my paycheck into my designated account(s) at the financial institution listed above. I also authorize HSHS to adjust any erroneous credit entries to my account(s) listed above.

This authority is to remain in full force and effect until HSHS has received written notification from me of its termination in such time and such manner as to afford HSHS and my financial institution a reasonable opportunity to act on it.

____________________ Signature

____________________ Date