## **DIRECT DEPOSIT SIGN-UP FORM**

## **SoutheastHEALTH**

## COMPLETE THIS PAGE IF YOU ARE DEPOSITING TO ONE ACCOUNT

Name of Employee (last, first, middle initial)		
Social Security No.	Emp.#	
Daytime Phone Number	Alternate Phone Number	
PAYEE CERTIFICATION AND AGREEMENT  I hereby authorize and request my financial institution to credit the same to my account. I agree that my financial institution is no responsible for the correctness of any direct deposits to my account by my employer and shall not hold it liable for crediting my account accordingly. I certify that I am entitled to the payment identified above. In signing this form, I authorize my salary to be sent to the specified financial institution, to be deposited to the designated account. I further understand I am responsible for providing accurate information about my financial institution account as may change from time to time.		
Signature	Date	

ACCOUNT NUMBER CHECKING □ SAVINGS □			
Effective Date:			
NAME AND ADDRESS OF FINANCIAL INSTITUTION			
Name			
City	State	Zip Code	
PLEASE ATTACH A VOIDED CHECK  Note: Your entire check will be deposited to the account number you entered above.			

I understand that the direct deposit process requires a minimum of two pay periods to begin and that my first pay date after sign-up is used to verify that the correct bank and account number have been established. My second pay date after sign-up would then be direct deposited. In some cases banks may require adjustments which would delay your direct deposit one additional pay date.

Any changes or corrections to your existing direct deposit file will result in an interruption of service for one pay period. Please call the Payroll Office at Ext 5129 for details.

Do not assume that funds have been deposited until you receive your deposit notification.

Bank holidays may delay deposits.