



Payroll Direct Deposit Employee Enrollment Form

IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize ELM, Inc. to deposit any amounts owed to me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by ELM to my account. In the event that ELM deposits funds erroneously into my account, I authorize ELM 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 ELM and Bank have received written notice from me of its termination in such time and in such manner as to afford ELM and Bank reasonable opportunity to act on it.

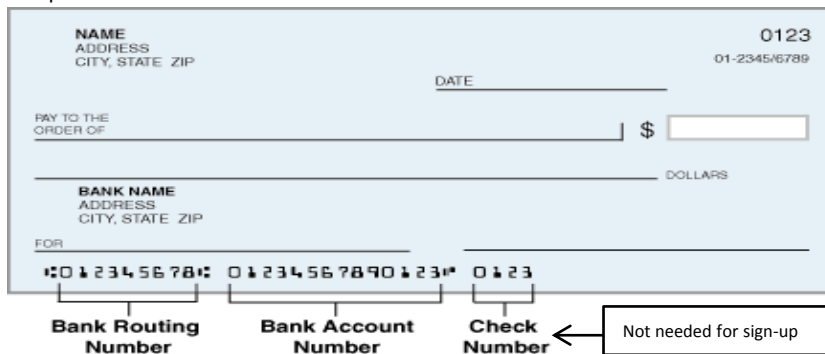
Employee Name: _____ SSN: _____

Employee Signature: _____ Date: _____

Employer Name: _____ Phone #: _____

To enroll for direct deposit, this form must be completed, signed and returned to ELM. Please attach a voided check below or provide a direct deposit form from your banking institution. We do not accept deposit slips for checking or savings accounts. This will help ensure that you are paid correctly.

Below is an example of a check MICR line. This details what information is needed to enroll in direct deposit.



Please attach a copy of a voided check here

- OR -

Banking Institution direct deposit form provided.

Account Information:

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

Bank Name/City/State: _____

Routing (Must be 9 digits): _____

Account #: _____

If you will be depositing to more than one account, please complete a separate form.

Type of Account

Checking Savings Other

I wish to deposit:

Entire Net Amount

Flat Amount of \$ _____.