



Direct Deposit Enrollment Form

Note: This form supersedes all previously submitted forms. Please show ALL account allocations.

Employee Name – Please Print _____ Daytime Phone _____ Employee ID # _____

- New Enrollment
- Change Current Enrollment
- Cancel Direct Deposit

ACCOUNT #1	Choose one: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Name _____ Routing Number _____ Account Number _____	
	Choose One: <input type="checkbox"/> Entire Check <input type="checkbox"/> Fixed Amount \$ _____ or Percent _____ %		

ACCOUNT #2	Choose one: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Name _____ Routing Number _____ Account Number _____	
	Choose One: <input type="checkbox"/> Remainder of Check <input type="checkbox"/> Fixed Amount \$ _____ or Percent _____ % <input type="checkbox"/> Issue Payroll Check		

ACCOUNT #3	Choose one: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Name _____ Routing Number _____ Account Number _____	
	Choose One: <input type="checkbox"/> Remainder of Check <input type="checkbox"/> Issue Payroll Check		

IMPORTANT: ATTACH A BLANK VOIDED CHECK OR SAVINGS DEPOSIT SLIP SHOWING TRANSIT ROUTING AND ACCOUNT NUMBERS FOR EACH ACCOUNT SHOWN ABOVE IN ORDER TO PROVIDE PAYROLL WITH ACCURATE INFORMATION FOR YOUR DEPOSITS.

I have read and will abide by the Direct Deposit Guidelines on page two.

Employee Signature _____ Date _____

Return form to Human Resources at J1-105

DIRECT DEPOSIT GUIDELINES

I hereby authorize and request Seattle Cancer Care Alliance (SCCA), until this authorization is revoked as described below, to transfer amounts of my SCCA salary (after applicable deductions) as referenced on the reverse, to the financial institution indicated on the reverse for deposit in my account. In the event that wages due for a given pay period are not sufficient to cover specified deposits, I understand that deposits will be made only up to the total of wages due (if any). In the event that SCCA may be legally obligated to withhold any additional part of my salary payment for any reason, I understand that SCCA shall have the authority to immediately terminate any transfer made under this authorization.

In the event that the exercise of this authorization for any reason results in an overpayment of salary or wages actually due and payable to me, I hereby authorize SCCA to either:

- (a) Withhold a sum equal to the overpayment from my next SCCA salary payment; or upon written notification,
- (b) Debit the identified account for an amount not to exceed said overpayment.

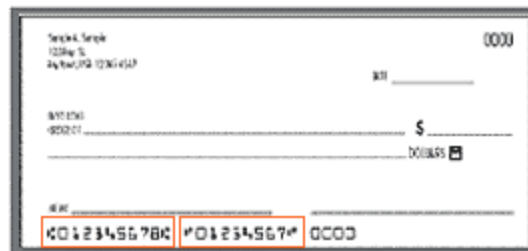
If any action taken by me, without adequate notification to the Human Resources office, results in nonacceptance of the transfer by my financial institution, I understand that SCCA assumes no responsibility for processing supplemental payroll payments until the funds are returned to the SCCA payroll office by my financial institution.

NEW ACCOUNT REMINDER

When setting up a deposit into a new account, the account information must test during a regular pay cycle before a live deposit can be made. Therefore, your new direct deposit will not go into effect before one or more full pay cycles have passed. Please refrain from arranging any direct billing from your account until direct deposit has been successfully established.

This authority is in force until written notification of its cancellation or until the termination of my employment.

Sample Check:



Routing Number Account Number