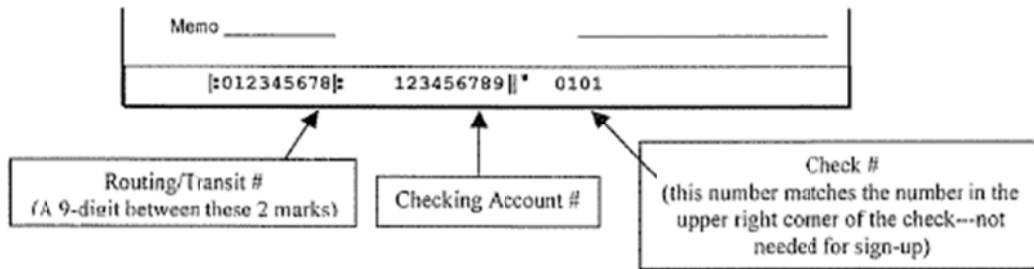




Direct Deposit Enrollment Form

To enroll in Full Service Direct Deposit, simply fill out this form and give it to your payroll manager. 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 ABA Number for your account. It isn't always the same number as on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample MICR line as found on the bottom of a check, detailing where the information necessary to complete this form can be found



Important! Please read and sign before completing and submitting.

I hereby authorize ADP to deposit any amounts owed me, as instructed by AMA, 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 ADP to my account. If funds to which I am not entitled are deposited to my account, I authorize ADP to direct the bank to return said funds to ADP.

This authorization is to remain in full force and effect until ADP and Bank have received written notice from me of its termination in such time and in such manner as to afford ADP and Bank reasonable opportunity to act on it.

Rider Name: _____ AMA #: _____

Rider Signature: _____ Date: _____

Account Information

Make sure to indicate what kind of account.

Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

- Checking
- Savings