



## Employee Direct Deposit Enrollment/Change Form

**One Account Per Form**

**Use Additional Forms for Additional Accounts**

**Company Name** Borough of Barnegat Light

**PLEASE READ AND SIGN BEFORE SUBMITTING**

I hereby authorize my employer to initiate credit entries and initiate, if necessary, debit entries and adjustments for any credit entries to my account at the financial institution indicated on this form.

This authorization is to remain in full force and effect until Primepoint has received written notification from me, and Primepoint and Bank have a reasonable opportunity to act on it.

Employee Name: \_\_\_\_\_ Last 4 Digits of Social Security #: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NEW ACCOUNT INFORMATION** – Sample check below identifies the routing and account numbers

Bank Name \_\_\_\_\_

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

I wish to: (check one)

- ☐ Deposit Net into account  
☐ Deposit \_\_\_\_\_ % into account  
☐ Deposit \$ \_\_\_\_\_ into account

Account Type: (check one)

- ☐ Checking  
☐ Savings  
☐ HSA

**Memo**  
⑆056073506⑆ 9435732348 11 1438  
Routing Number Bank Account  
(Exactly 9 digits) Number