



**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

REVISE / REMOVE EXISTING ACCOUNT (Please circle the action requested)

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

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

I wish to: (check one)

Deposit Net into account

Deposit \_\_\_\_\_% into account

Deposit \$ \_\_\_\_\_ into account

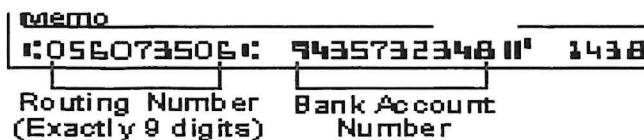
Remove from Direct Deposit

Account Type: (check one)

Checking

Savings

HSA



**Include a voided check or bank specification sheet for each account. DO NOT SEND A DEPOSIT SLIP.**