

Direct Deposit Enrollment Form

Johnson Service Group, Inc. ▪ Payroll Department ▪ One E. Oak Hill Drive, Suite 200, Westmont, IL 60559 ▪ Fax: (800)323-4987

To enroll in Direct Deposit, please complete this form and mail or fax it to the Payroll Department. Attach a voided check from your checking account; **Deposit slips are not acceptable.** If you are depositing into a savings account, please ask your bank to give you the Routing/Transit number for your account; these numbers are not always the same as indicated on the savings deposit slip. To ensure your account is set up properly you must submit a voided check or a direct deposit form from your bank; Payroll will not be able to set up direct deposit account without this documentation. Below is a sample check detailing where the information is that's necessary to complete this form.

Direct Deposit Payroll will be available the Friday following the week the hours were physically worked. **Once direct deposit is active, employees WILL NOT receive a paper payroll check stub. You will have access to your ELECTRONIC payroll check stub online at www.jsginc.com →Employee Toolbox →JSG EPay.** For more information, please see the following documentation titled "Electronic Payroll Advice Instructions for Direct Deposit Employees".

The image shows a sample check with the following details:

- Payor:** John Doe, 1234 62nd St., New Town, IL 12345
- Date:** 1234
- Pay to the order of:** _____
- Amount:** \$ _____ Dollars
- Main Bank:** New Town, IL 12345
- Memo:** _____
- Routing/Transit Number:** 0123456789 1234
- Check Number:** 1234

 Callouts from external boxes point to:

- Checking Account #:** 1234 (Always between these 2 marks)
- Routing/Transit #:** 0123456789 1234 (A 9-digit number always between these two marks)
- Check #:** 1234 (not needed for sign up)

Important! Please read and sign before completing and submitting: I hereby authorize my employer (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event the Company deposits funds erroneously into my account, I authorize Company to debit my account for amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

Employee Name: _____

Employee Signature: _____

Employee Social Security Number: _____

Please Note: Direct deposit may take up to 3 weeks to become active; in the interim you will receive a live check.

If so desired, direct deposit can be split your direct deposit into two accounts. Enter desired percentage to be deposited into each account.

Primary Account Information:

- Bank Name, City, and State: _____
 Routing/Transit Number: _____ Account Number: _____
 Checking Savings Percentage deposited into this account: _____

Complete the following information if you would like the direct deposit split into two accounts.

Secondary Account Information:

- Bank Name, City, and State: _____
 Routing/Transit Number: _____ Account Number: _____
 Checking Savings Percentage deposited into this account: _____

OFFICE USE ONLY

Client the employee is contracted with: _____

Verified by: _____