

Employee Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Last 4 of Social: \_\_\_\_\_

## Direct Deposit

Enrollment/Change Request

### Instructions

- To enroll in direct deposit or make changes to your current account(s), complete all required information.
- Send the completed and signed form to your Tandem representative.
- For checking accounts, a voided check (not a deposit slip) must be attached to this form for verification of routing and transit numbers.
- If you are depositing to a savings account, please verify with your financial institution that the routing number is accurate.
- **The accuracy of the information provided is solely the employee's responsibility.**
- In the event employment is terminated, the final pay may be a physical paycheck.
- Send completed form to [inputs@TandemHR.com](mailto:inputs@TandemHR.com).

Once you have returned this form, we will "test" your account before your pay will be directly deposited. It may take up to two pay periods before your funds are direct deposited. This will assure that everything is correct. **For checking, please attach voided check (not deposit slip) for account verification**

The image shows a sample voided check with several fields highlighted by red boxes and labels:

- Name on Account:** John and Jane Doe, 111 Main St, apt 123, City, MN 55555
- Check Number:** 1111
- Bank Information:** Main Street Bank, 123 Main St, Suite 111, City, MN 55555-5555
- Routing Number:** 123456789
- Checking Account Number:** 111 11111 1
- Check Number:** 01111

By signing this form, I consent to allow Tandem HR to initiate deposits (credits) to the financial institution listed below, as well as debit the account for funds credited in error. I understand that I can view and print my paystub at any time via the Self Service Center (SSC), a secure website. I understand I can revoke this election at any time by forwarding a cancellation form to my Tandem representative. I understand the Payroll Direct Deposit service is offered with the explicit understanding that Tandem HR is not responsible for any financial liability that may result from the electronic transactions by and between American Charter Bank and your financial institution. I understand that I am solely responsible for the accuracy of the information I have submitted on this form. It is my responsibility to notify Tandem of any changes. If I submit a change in financial institution information, I may receive a physical negotiable paycheck. In the event my employment is terminated, the final pay may be a physical paycheck. I agree to hold harmless Tandem for any erroneous deposits or adjustments. **I understand that it is my responsibility to verify funds deposited into such account(s) before performing transactions on those funds.** Neither Tandem nor the Client Company is responsible for insufficient funds charges posted to such account(s) due to errors in electronic funds transfer.

This agreement represented by this authorization remains in effect until Tandem HR has received written notification to cancel from the employee.

Employee Initials: \_\_\_\_\_



Employee Name: _____
Company Name: _____
Last 4 of Social: _____

## Direct Deposit

Enrollment/Change Request

**BALANCE ACCOUNT:**       New                       Change                       Cancel  
**TYPE OF ACCOUNT (Check One):**     Checking Account<sup>1</sup>       Savings Account       HSA Checking       HSA Savings

Name of Account Holder / Name on the Account		Area Code & Telephone No.	
Financial Institution / Depository Name		Financial Institution Address	
City		State	Zip
<input type="checkbox"/> Entire Check	<input type="checkbox"/> Percentage: _____ %	<input type="checkbox"/> Balance	<input type="checkbox"/> Amount Per Paycheck: \$ _____

*Contact your financial institution to verify routing and account numbers.*

<b>Depository's Transit Routing Number:</b>	<b>Account Number:</b>
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**ADDITIONAL ACCOUNT:**       New                       Add                       Change  
**TYPE OF ACCOUNT (Check One):**     Checking Account       Savings Account       HSA Checking       HSA Savings

Name of Account Holder / Name on the Account		Area Code & Telephone No.	
Financial Institution / Depository Name		Financial Institution Address	
City		State	Zip
		Amount Per Paycheck:	
<b>Depository's Transit Routing Number:</b>		<b>Account Number:</b>	

**ADDITIONAL ACCOUNT:**       New                       Add                       Change  
**TYPE OF ACCOUNT (Check One):**     Checking Account       Savings Account       HSA Checking       HSA Savings

Name of Account Holder / Name on the Account		Area Code & Telephone No.	
Financial Institution / Depository Name		Financial Institution Address	
City		State	Zip
		Amount Per Paycheck:	
<b>Depository's Transit Routing Number:</b>		<b>Account Number:</b>	

<b>Employee Signature:</b>	<b>Date</b>
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Return form to [inputs@TandemHR.com](mailto:inputs@TandemHR.com)

<sup>1</sup> For checking, please attach voided check (not deposit slip) for account verification.