

**PAYCHECK DISTRIBUTION ENROLLMENT / CHANGE FORM**

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

Employee Number: \_\_\_\_\_ Company: ACI-Dungarvin

**If you wish to enroll in the ADP TotalPay card,  
please fill out the separate ADP Total Pay Card Enrollment form.**

ACI/Dungarvin pays employees electronically to ensure timely payment of wages. Employees will also receive pay stub information electronically, through an internet web site or an interactive voice response system. Please note that new enrollments or changes in designations **will be effective on the next available pay date after the payroll department receives a completed authorization form.**

**Paycheck Distribution Enrollment / Change**

**Attach a voided check (for checking accounts) or spec sheet from the bank (for saving accounts) to this form.**

You may choose up to 3 accounts for Direct Deposit. Enter all of the information for each account into which you want direct deposit. If all of your net pay is to be deposited in one account, please enter "ALL" in the Amount of Deposit column. You may deposit a fixed amount into one or more accounts with the remaining balance entered into another account. Enter the fixed dollar amount for the appropriate account(s) and "BAL" in the Amount of Deposit column for the remaining account. **Please note: If your net pay is less than your specified fixed dollar amount, your entire deposit will be deposited into the account you designated as "BAL."**)

Complete the following information: the type of change, the financial institution name, type of account (checking, savings or ADP TotalPay Card-TP Card), the routing number, account number, and amount of deposit.

Type of Change	Type of Account	Financial Institution Name	Routing Number	Account Number	Amount of Deposit
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> TP card				
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> TP card				
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> TP card				

I understand that failure to provide a voided check or spec sheet or any illegible information on this form may result in an unsuccessful direct deposit and a delay in payment. I authorize ACI/Dungarvin and the financial institution(s) above to initiate electronic credit entries, and if necessary, debit entries and adjustments for any entries made in error. This authorization covers all payments of wages, including the final paycheck upon termination. This authority will remain in effect until I cancel it or change it in writing.

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

Date: \_\_\_\_\_

For NCO Use Only N-HR-28, Eff.: 2/20/14
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