

Taylor Made Sales Agency, Inc. / Taylor Made Stallions, Inc.
Human Resources Department

2765 Union Mill Road
Nicholasville, KY 40356
Phone: 859-881-6114 / Fax: 859-881-7000

Team Member
Direct Deposit Enrollment Form

To enroll in Full Service Direct Deposit, simply fill out this form and give to our Payroll Coordinator. Attach a voided check for each checking account - not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.

Larry Landlord	130
1234 Main Street	
Milwaukee, WI 53211	date
pay to: _____	\$ _____
	dollars
memo _____	
⑆ 237333123 ⑆ 47341234 734	

The account number

The Bank Routing Number is nine digits long
and is located at the bottom of your check
within the ⑆ symbols

IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize ADP to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by ADP to my account. In the event that ADP deposits funds erroneously into my account, I authorize ADP to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until ADP and Bank have received written notice from me of its termination in such time and in such manner as to afford ADP and Bank reasonable opportunity to act on it.

Team Member Name: _____ Social Security #: _____ - _____ - _____

Team Member Signature: _____ Date: _____

Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form. **Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.**

1. Bank Name/City/State: _____

Routing Transit #: _____

Account Number: _____

☐ Checking ☐ Savings ☐ Other

I wish to deposit: \$ _____.____ (circle for -) Entire Net Amount

2. Bank Name/City/State: _____

Routing Transit #: _____

Account Number: _____

☐ Checking ☐ Savings ☐ Other

I wish to deposit: \$ _____.____ (circle for -) Entire Net Amount

3. Bank Name/City/State: _____

Routing Transit #: _____

Account Number: _____

☐ Checking ☐ Savings ☐ Other

I wish to deposit: \$ _____.____ (circle for -) Entire Net Amount

ATTENTION PAYROLL MANAGER:

Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.

ADP is a registered trademark of ADP of North America Inc. Full Service Direct Deposit (FSDD) is a service mark of Automatic Data Processing, Inc. 02-184-049 10M Printed in USA ©1999, 1998 Automatic Data Processing, Inc.