

Direct Deposit Enrollment or Cancellation

START/CHANGE Direct Deposit(s) to become effective as soon as possible:

Please print clearly and legibly. You can choose up to three banks where your money may be directly deposited. Failure to supply an accurate routing and/or account numbers will delay your request.

IMPORTANT: When you select more than one bank, please specify in which bank(s) you would like a specific dollar amount deposited and in which bank you would like the remaining balance deposited.

Financial Institution Name	Routing Number (9 digits)	Account Number	Account Type	Amount	Check ONE box below to direct all or remaining balance (required)
1.	#	#	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$	<input type="checkbox"/>
2.	#	#	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$	<input type="checkbox"/>
3.	#	#	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	A third bank must collect remaining balance	<input type="checkbox"/>

CANCEL Direct Deposit(s) effective: _____.

Financial Institution Name (Please Print) Account Number

Financial Institution Name (Please Print) Account Number

I hereby authorize The Scripps Research Institute (TSRI) and the financial institution(s) I have indicated on this form to directly deposit my net TSRI payroll check to either the checking or savings account(s) I have listed on this form. Additionally, I authorize TSRI and the indicated financial institution(s) to make corrections to my account as needed. This authority is to remain in full force and effect until I either cancel my Direct Deposit in writing with the Human Resources Records, or upon termination. Furthermore, I am aware that I will receive a paper check until my direct deposit request is tested and confirmed by my bank, which may take up to two paychecks.

I have read and understand the content of this enrollment form.

Employee Name (Please Print): _____ TSRI ID# _____

Employee Signature: _____ Date _____

Location (Circle One): **California** **Florida** Phone #: _____ Email _____