

Woodland Heights Medical Center

Direct Deposit Enrollment Form

Employee Name:

Last 4 numbers of Social Security #:

Department Name/Number:

I give my permission for the Woodland Heights Medical Center payroll department to Direct Deposit my net paycheck to the bank account(s) noted on the attached deposit slip(s).

Employee Signature:

Date:

Please be sure to attach a deposit slip or voided check from the account to which you want your net paychecks deposited. Without this information your request can not be processed.

ATTACH DEPOSIT SLIP HERE

Be sure to return completed form to Payroll Coordinator or Human Resources Department.

Payroll fax # 637-8605