ShieldHOTELS

Direct Deposit Enrollment /Change Form

Please complete the applicable sections in full. Shield Hotels is NOT responsible for missing or incorrect information.
Please Note: Direct Deposit Enrollments/Changes can take 2+ weeks for processing.

Employee Information	
Property:	_____
Employee:	_____
SSN:	_____

Direct Deposit Account Information					
Type of Account		**Routing/Transit Number**	**Account Number**	**Financial Institution Name**	**I wish to Deposit…**
Account 1	☐ Savings ☐ Checking				☐_____% of Net Pay ☐ Flat Dollar Amount: $_____
Account 2	☐ Savings ☐ Checking				☐_____% of Net Pay ☐ Flat Dollar Amount: $_____
Account 3	☐ Savings ☐ Checking				☐_____% of Net Pay ☐ Flat Dollar Amount: $_____

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Account Verification

Please attach one (1) of the following documents per account:

- Voided Check with Name Imprinted (no starter checks)
- Deposit Slip (Only accepted if the verbiage "ACH/RT" appears before the routing number)
- Bank Letter (Must be FULLY typed – no handwritten sections, and must contain the signature of your local bank representative)

Account 1 Verification Document:

Account 2 Verification Document:

Account 3 Verification Document:

Direct Deposit Terms of Agreement

_____ I authorize my Employer to deposit my wages/salary into the bank account(s) specified above and, if necessary, to electronically debit my account to correct erroneous credits.

_____ I certify my account(s) allow these transactions and agree that direct deposit transactions I authorize here comply with all applicable laws.

_____ I understand that any direct deposit additions, changes, or cancellations can take 2+ weeks for processing by Shield Hotels.

_____ I understand that closure of a bank account prior to verifying that my Direct Deposit information has been updated in the payroll system, may result in fees as designated by the Payroll Service for check re-issuing, and/or Check Cancellations.

_____ I understand that in signing up for Direct Deposit, I will not receive a paper copy of my check stubs. I further acknowledge that to obtain a copy of my check stubs, I will need to provide Electronic Consent in order to enroll in a digital payroll account, or request copies of paystubs from my General Manager. I understand that if I am requesting paystubs from my General Manager, there may be a time delay from when the request is submitted, and when I receive the copy of my paystubs.

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_____ I understand that it is my sole duty to verify that my direct deposit addition/change/cancellation has been processed, either via my digital payroll account, or by verification from my General Manager.

_____ I understand that the information I have provided on this form will supersede all previously provided direct deposit information.

_____ I understand that failure to provide account verification for all accounts listed will result in my Direct Deposit enrollment/change not being processed.

_____ I understand that Shield Hotels reserves the right to cancel my Direct Deposit services at any time at their discretion.

Failure to agree to the above listed terms may disqualify the signer from being set up for Direct Deposit.

Signatures

_____ _____

Employee Date

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Attach Bank Documentation Here: