

**PAYROLL DIRECT DEPOSIT ENROLLMENT/CHANGE FORM**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit: KMS**

Please attach a void check(s) or bank supplied Transit/ABA routing number for the appropriate account(s). Your bank will give you the Transit / ABA number. Tell them it is for Direct Deposit.

/\_\_\_/ New Enrollment /\_\_\_/ Full Direct Deposit (complete Section I)

/\_\_\_/ Change Information /\_\_\_/ Partial Direct Deposit (complete Section II)

**Section I: Full Direct Deposit**

Account #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Banking Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Routing /Transit / ABA # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

/\_\_\_/ Savings /\_\_\_/ Balance of Pay or

/\_\_\_/ Checking /\_\_\_/ Amount $ \_\_\_\_\_\_\_\_\_\_

/\_\_\_/ Credit Union

Account #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Banking Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Transit / ABA # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

/\_\_\_/ Savings /\_\_\_/ Balance of Pay or

/\_\_\_/ Checking /\_\_\_/ Amount $ \_\_\_\_\_\_\_\_\_\_

/\_\_\_/ Credit Union

**Section II: Partial Direct Deposit**

Account #\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Banking Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Transit / ABA # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

/\_\_\_/ Savings

/\_\_\_/ Checking /\_\_\_/ Amount $ \_\_\_\_\_\_\_\_\_\_

/\_\_\_/ Credit Union

I hereby authorize KMS, and its parent company COMHAR, Inc., to process the above information in order to provide Direct Deposit services. **PLEASE BE AWARE THAT YOUR DIRECT DEPOSIT WILL NOT OCCUR UNTIL A PRETRIAL RUN HAS BEEN COMPLETED. UNTIL THEN, YOUR CHECKS WILL BE LIVE**.

**Staff Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return this completed form to: ***FISCAL USE ONLY***

***FILE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Payroll Department

KMS, Inc.

100 W. Lehigh Ave

Philadelphia, PA 19133