

**Payroll Direct Deposit Form**

Name: \_\_\_\_\_ Employee ID # \_\_\_\_\_

Department Name/Number \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Start new Direct Deposit       Change Direct Deposit       Stop Direct Deposit

*NOTE: Direct Deposit is the method of payment for WFBMC. If you are stopping your direct deposit we must receive new account information within 30 days.*

**A VOIDED CHECK OR BANK LETTER OF VERIFICATION FOR EACH ACCOUNT MUST ACCOMPANY THIS FORM**

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**BANK 1 ACCOUNT INFORMATION**

BANK ROUTING NUMBER 

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(Your routing number is the first set of numbers printed at the bottom of your checks: 9 digits)

ACCOUNT # \_\_\_\_\_  Checking     Savings  
 BALANCE OF CHECK      **OR**       FLAT AMOUNT: \_\_\_\_\_

ACCOUNT # \_\_\_\_\_  Checking     Savings  
 BALANCE OF CHECK      **OR**       FLAT AMOUNT: \_\_\_\_\_

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**BANK 2 ACCOUNT INFORMATION**

BANK ROUTING NUMBER 

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(Your routing number is the first set of numbers printed at the bottom of your checks: 9 digits)

ACCOUNT # \_\_\_\_\_  Checking     Savings  
 BALANCE OF CHECK      **OR**       FLAT AMOUNT: \_\_\_\_\_

ACCOUNT # \_\_\_\_\_  Checking     Savings  
 BALANCE OF CHECK      **OR**       FLAT AMOUNT: \_\_\_\_\_

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- WFBMC processes a prenote with the bank to verify the account information. During this process you may receive one or more live checks to be picked up in the payroll office. If you are issued a live check you will receive an email from WakePayroll to inform you when the check is available.
- In the event of any over-deposit to my account(s), I hereby authorize Wake Forest Baptist Health to reverse the erroneous payment made to my account(s). I understand that every attempt will be made to notify me prior to any reversal being made.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form must be completed, signed and forwarded along with a voided check or verification letter from the bank to the WFBMC Payroll Office located on the 5<sup>th</sup> floor of Piedmont Plaza 1. The information may be faxed to 336-716-0638 or emailed to [wakepayroll@wakehealth.edu](mailto:wakepayroll@wakehealth.edu)**