



Direct Deposit Authorization Form

I hereby authorize SEMCIL and SEMCIL UHHC to initiate entries to my checking/savings accounts at the financial institution listed below and if necessary, initiate adjustments for any transactions posted in error. These entries are for the purpose of payroll.

Agency

SEMCIL SEMCIL CHOICE SEMCIL UHHC DUAL

Employee Name _____

Employee ID # _____

Bank Name, Address and Phone Number _____

Please check one:

- Checking Account, please attach a voided check.
- Savings Account, please attach a voided deposit slip.

Attached voided check or savings deposit slip here...

Direct Deposit is an automatic computer banking system to electronically deposit your paycheck directly into your checking or savings account. The advantage to you is quicker deposits without visiting a bank or ATM. The advantage to us is reduction of paperwork and the assurance of accurate deposits. Virtually every bank, savings and loan or other financial institution participates in this system. All you need to provide is the institution's name, the routing number and your account number. Once you fill out the form and provide a voided check, we can enter it into the payroll system.

Employee Signature _____

Date _____



Direct Deposit Refusal Form

SEMCIL and SEMCIL UHHC provide direct deposit of employee paychecks as a benefit to employees. We encourage employees to take advantage of this benefit due to its ease of use for employee and employer.

Employees may refuse direct deposit; however, you must understand and follow the following guidelines:

1. Employees must provide a written notice of refusal of direct deposit, per Minnesota state law, and submit it to the Human Resources Manager.
2. Employees who refuse direct deposit must pick up paychecks in the Rochester office, regardless of work location. ****Paychecks will not be mailed****

I have read the above guidelines and fully understand the direct deposit refusal agreement.

I refuse direct deposit for the following reason:

Employee name: _____
(Please print)

Employee signature: _____

Date: _____

Human Resources: _____

Date: _____