

# Bank of America CashPay Enrollment Form

SSN: \_\_\_\_\_ Emp ID # \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_  
(address must be physical address - no Post office box)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email: \_\_\_\_\_

Currently I am paid with a: \_\_\_\_\_ Check \_\_\_\_\_ Direct Deposit to my bank

**Account Number:** \_\_\_\_\_

**Routing/Transit #**

**Completed By:** \_\_\_\_\_ **Title** \_\_\_\_\_  
Enloe Representative

**Bank Name** Bank of America

**City/State** Chico, Ca

**Bank Phone #** 866-213-4074

**I am requesting a:**

\_\_\_\_\_ **Full Deposit**

\_\_\_\_\_ **Partial deposit**  
\$ \_\_\_\_\_ **Amount per pay period**

## **Important! CashPay Cardholder Agreement:**

I hereby authorize Enloe's Payroll Processor (hereinafter "ADP") to deposit any amounts owed to me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by ADP to my account. In the event that ADP deposits funds erroneously into my account, I authorize ADP to debit my account for an amount not to exceed the original amount of the erroneous credit.

## **New Direct Deposits may take two (2) full pay periods to become effective**

Funds deposited through this system are normally posted to your account by 9:00 AM on "Pay Day"

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

This authorization is to remain in full force and effect until Enloe Medical Center and Bank have received written notice from me of its termination in such time and in such manner as to afford Enloe Medical Center and Bank reasonable opportunity to act on it.

**YOU MUST NOTIFY THE PAYROLL DEPARTMENT BEFORE CLOSING YOUR ACCOUNT!**

**Enloe Medical Center, Payroll Services, 1531 Esplanade,  
Chico, CA 95926 Tele 530-332-7522**