



**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: \_\_\_\_\_

/\_\_\_/ Savings

/\_\_\_/ Checking

/\_\_\_/ Credit Union

Routing /Transit / ABA # \_\_\_\_\_

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

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

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

Banking Institution: \_\_\_\_\_

/\_\_\_/ Savings

/\_\_\_/ Checking

/\_\_\_/ Credit Union

Transit / ABA # \_\_\_\_\_

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

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

**Section II: Partial Direct Deposit**

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

Banking Institution: \_\_\_\_\_

/\_\_\_/ Savings

/\_\_\_/ Checking

/\_\_\_/ Credit Union

Transit / ABA # \_\_\_\_\_

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

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:

Payroll Department  
KMS, Inc.  
100 W. Lehigh Ave  
Philadelphia, PA 19133

**FISCAL USE ONLY**

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