

Insurance Overload Staffing Direct Deposit Request Form

In order to sign up for Direct Deposit, the following form must be completed, signed and dated. Attach a copy of a voided check to the form. Direct Deposit will usually begin on the 3rd pay cycle following the submission of this form. Direct Deposits should post by 3 PM on Friday.

Office: _____

Circle one:

New Request Change of Account Information Remove from Direct Deposit

Name: _____

Social Security Number: _____

Enter either the percentage (%) or the flat dollar amount (\$) that you want to be deposited into each account.

Checking _____ Savings _____

Routing Number: _____

Account Number: _____

Name of Financial Institution: _____

Phone Number of Financial Institution: _____

Checking _____ Savings _____

Routing Number: _____

Account Number: _____

Name of Financial Institution: _____

Phone Number of Financial Institution: _____

By signing this Direct Deposit Request Form, I am certifying that the above information is correct and I am acknowledging that if I am paid by direct deposit for hours not worked, Insurance Overload Staffing has the right to deduct the funds from the account(s) listed above.

Signature

Date