



Direct Deposit Request Form

In order to sign up for Direct Deposit, the following form must be completed, signed and dated. A copy of a Voided Check OR a Direct Deposit Authorization Form from your Financial Institution must be attached to this form. Direct Deposit will usually begin on the 2nd pay cycle following the submission of this form. Direct Deposits should post by 3 PM on Friday.

Office: _____

Please check 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: _____

For a 2nd Account: 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: _____

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. IOS Staffing Services has the right to deduct the funds from the account(s) listed above.

Signature _____ Date _____