

# Direct Deposit

**Fax to: 800.818.1719**

With voided check or deposit slip

## Instructions:

1. Complete each line below. Please print in ink.
2. For direct deposit to your checking account, **attach a voided check.**
3. For direct deposit to your savings account, attach a pre-printed savings account deposit slip.
4. **Employee signature is required for all requests.**

Should a direct deposit be credited to your account in error, by signing this form you acknowledge your obligation to promptly reimburse On Assignment for monies received.

New Applicant

Change Current Information

Cancel My Direct Deposit

Employee ID # (to be entered by staffing consultant): \_\_\_\_\_ - \_\_\_\_\_

**Assignment start date:** \_\_\_\_\_

Employee name: \_\_\_\_\_

Last four digits of your Social Security # \_\_\_\_\_

Bank name: \_\_\_\_\_

Bank location (City/State): \_\_\_\_\_

Bank telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Bank account #: \_\_\_\_\_ Routing #: 

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Account type:  Checking (Voided check)  Savings (Deposit slip)

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

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

**Please attach copy of voided check or deposit slip here.**

FOR PAYROLL DEPARTMENT USE ONLY:

Date received: \_\_\_\_\_

Date entered: \_\_\_\_\_