



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: _____