

directdeposit

fax to: 1-800-818-1719

with voided check or deposit slip

On Assignment[®]
healthcare staffing

instructions:

1. Complete each line below. Please print in ink.
2. For direct deposit o 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

assignment # (to be entered by staffing consultant): _____ - _____

assignment start date: _____

employee name: _____

social security #: _____ - _____ - _____

bank name: _____

bank location (city/state): _____

bank telephone #: (____) _____ - _____

bank account #: _____

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: _____