



DIRECT DEPOSIT REQUEST

Instructions:

Complete all fields on form and sign/date. Return the form to Payroll by scan/email to TS@nurseconnectionstaffing.com, by fax to 518-459-6612, mail to 1 Computer Drive South, Albany, NY 12205 or you are always welcome to stop by our office to drop this form off!

PLEASE NOTE: The paycheck you receive after filing this form will be a "paper" live check (this is a bank test). The following paycheck will be in your account by direct deposit.

Employee Name: First _____ Last _____

Check One:

____ New Direct Deposit Request ____ Change to Current Direct Deposit

I would like my salary/wages deposited to the following financial institution(s):

Institution # 1: ____ Checking Acct ____ Savings Acct

Name of Bank/Credit Union: _____

I wish to deposit (check one):

____ Entire Net Amount

____ % of Net Amount

____ Specific Dollar Amount

Acct # _____ Routing # _____

(From your personal check)

Institution # 2: ____ Checking Acct ____ Saving Acct

Name of Bank/Credit Union: _____

I wish to deposit (check one)

____ Entire Net Amount

____ % of Net Amount

____ Specific Dollar Amount

Acct # _____ Routing # _____

(From your personal check)

Employee Signature _____

Direct Deposit: Updated 11/20/15 DM

Date _____