Cross Country Staffing®

Direct Deposit Enrollment/Change

Medical Staffing Network | Allied HealthGroup | mediscan staffing services | Cross Country allied | PHARMSTAFF Cross Country Staffing

Direct Deposit Enrollment/Change Form

☐ NEW REQUEST ☐ CHANGE ☐ CANCEL

☐ all accounts

☐ only the account checked below

❑ Checking ❑ Savings ❑ Cancel this account

Account #1 ❑ Make a change to this account

Bank/Financial Institution _____ Phone _____

Transit/ABA number | | | | | | | | | | **Call bank to verify/obtain transit and account number**

Account Number _____ ***Check*** ☐ ***after verifying both numbers with bank***

❑ Deposit Full amount into this account (or balance of net after amount below)

For changes only- ❑ Deposit $_____ into this account

❑ Checking ❑ Savings ❑ Cancel this account

Account #2 ❑ Make a change to this account

Bank/Financial Institution _____ Phone _____

Transit/ABA number | | | | | | | | | | **Call bank to verify/obtain transit and account number**

Account Number _____ ***Check*** ☐ ***after verifying both numbers with bank***

❑ Please deposit $_____or _____ % into this account.

For changes only- ❑ Deposit $_____ into this account

☐ I CHOOSE NOT TO PARTICIPATE IN DIRECT DEPOSIT

_____
EMPLOYEE SIGNATURE

- I authorize the company to initiate credit entries and if necessary, to initiate debit entries for any entries made in error on my account(s) listed.
- This authorization will remain in effect until Payroll receives written notification from me, which gives payroll a reasonable time to act upon it, or my employment is terminated.

I have completed this form accurately and if filled out incorrectly could result in a delay of the direct deposit going into effect. It is my responsibility to verify deposit of my earnings before making withdrawals from or debits against the above accounts.

Branch # _____ Employee Name - PRINT _____

Date _____ Employee Signature _____

Social Security Number _____

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