

DIRECT DEPOSIT CHANGE FORM

Name: Last First Middle
Social Security Number: Employee Number:
Email Address:

Account Change

Please deposit my pay to the following accounts effective

* New Account Information

When more than one account is to be credited, the last one listed will receive the balance of your net pay.

1. Bank Name/City/State:

Routing/Transit Number: Account Number:

Checking Savings Other I wish to deposit: \$ or % of net pay

2. Bank Name/City/State:

Routing/Transit Number: Account Number:

Checking Savings Other I wish to deposit: \$ or % of net pay

Paperless Stub Cancellation

A paper stub will be provided each pay period.

Please issue a paper direct deposit stub effective

Direct Deposit Cancellation

I am currently enrolled in the direct deposit program with Teamwork Services, Inc. and I wish to cancel my enrollment effective

Employee's Signature

Date

* A voided check or equivalent bank documentation must accompany any request for direct deposit to a new account *