

**P.A.M. Transport, Inc.
Direct Deposit Enrollment Form**

*****PLEASE ALLOW 15 DAYS TO IMPLEMENT CHANGES*****

Print your name: _____ Date: _____

Employee code: _____ Social Security Number: _____ - _____ - _____

Direct deposit authorization (please sign in the space below):

I, _____, would like to have my check via Direct Deposit.

Personal Banking Information: (please print clearly)

For checking accounts, please attach a voided check to insure accuracy.

For savings accounts, please attach a deposit slip to insure accuracy.

Bank Account #1

Routing number: _____

Account number: _____

Name on account: _____

Account type (checking, savings, etc.): _____

Percentage of net to deposit: _____ or flat rate to deposit: _____

Bank Account #2

Routing number: _____

Account number: _____

Name on account: _____

Account type (checking, savings, etc.): _____

Percentage of net to deposit: _____ or flat rate to deposit: _____

Bank Account #3

Routing number: _____

Account number: _____

Name on account: _____

Account type (checking, savings, etc.): _____

Percentage of net to deposit: _____ or flat rate to deposit: _____

Bank Account #4

Routing number: _____

Account number: _____

Name on account: _____

Account type (checking, savings, etc.): _____

Percentage of net to deposit: _____ or flat rate to deposit: _____

**PLEASE SEND THIS FORM TO THE P.A.M. PAYROLL DEPARTMENT.
YOU MAY FAX IT TO 479-361-5346, OR SCAN IT WITH YOUR PAPERWORK.**