

Agreement for Direct Deposit of Payroll Checks

Name: _____ Social Security Number: _____

Original Authorization

I hereby authorize CHG Healthcare Services to initiate the direct deposit of all my payroll checks to my account(s):

Checking Full Deposit Partial Deposit: \$ _____
 Savings Full Deposit Partial Deposit: \$ _____

For direct deposit to checking or savings, you must attach a **voided check** and/or savings statement which shows the account and bank code. **DO NOT USE A DEPOSIT SLIP!!**

Change Request

I hereby authorize CHG Healthcare Services to change my direct deposit of all my payroll checks to my account(s):

Checking Full Deposit Partial Deposit: \$ _____
 Savings Full Deposit Partial Deposit: \$ _____

For direct deposit to checking or savings, you must attach a **voided check** and/or savings statement which shows the account and bank code. **DO NOT USE A DEPOSIT SLIP!!**

Cancellation – Check all that apply

Checking Savings

I understand that my account will be credited on each payday except for certain holiday weeks when special notices will be issued. I also understand that CHG Healthcare Services has the right to reverse any erroneous direct deposit amount.

Signature: _____ Date: _____

All Requests Must Be Signed in Ink and Dated.

Return completed form to: Corporate Payroll Department.

t:hr/administrativeforms/direct deposit