



# 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):

- |                                   |                                       |  |
|-----------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Checking | <input type="checkbox"/> Full Deposit | <input type="checkbox"/> Partial Deposit: \$ _____ |
| <input type="checkbox"/> Savings  | <input type="checkbox"/> Full Deposit | <input type="checkbox"/> 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):

- |                                   |                                       |  |
|-----------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Checking | <input type="checkbox"/> Full Deposit | <input type="checkbox"/> Partial Deposit: \$ _____ |
| <input type="checkbox"/> Savings  | <input type="checkbox"/> Full Deposit | <input type="checkbox"/> 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*