LAB SUPPORT
A DIVISION OF **ON ASSIGNMENT**

Direct Deposit

Fax to: 800.818.1719
With voided check or deposit slip

Instructions:
1. Complete each line below. Please print in ink.
2. For direct deposit to your checking account, **attach a voided check.**
3. For direct deposit to your savings account, attach a pre-printed savings account deposit slip.
4. **Employee signature is required for all requests.**

Should a direct deposit be credited to your account in error, by signing this form you acknowledge your obligation to promptly reimburse On Assignment for monies received.

☐ New Applicant ☐ Change Current Information ☐ Cancel My Direct Deposit

Employee ID # (to be entered by staffing consultant): ___ ___ ___ - ___ ___ ___ ___

Assignment start date: _____

Employee name: _____

Last four digits of your Social Security # ___ ___ ___ ___

Bank name: _____

Bank location (City/State): _____

Bank telephone #: (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

Bank account #: _____ Routing #: | | | | | | | | | |

Account type: ☐ Checking (Voided check) ☐ Savings (Deposit slip)

Signature: _____ Date: _____

Please attach copy of voided check or deposit slip here.

FOR PAYROLL DEPARTMENT USE ONLY:

Date received: _____ Date entered: _____