



Employee Direct Deposit Authorization

Please complete this form and return to @WORK Medical Services. There may be a two-week waiting period for Direct Deposit to begin after your authorization has been completed and returned.

Employee Name (First, Middle, Last)		Employee Social Security Number	
Bank Account Number (See Examples)*		Bank Transit Routing Number (See Examples)*	
Bank Name		Type of Bank Account	
		<input type="radio"/> Checking Account (22)	<input type="radio"/> Savings Account (32)
Bank Address (Street/Mailing)		(City, State, Zip)	
<p>I authorize AtWork Personnel Services, and any of its Agents, to deposit my net pay automatically to the account listed above each payday and to initiate adjustments, if necessary, for any incorrect entries to my account. I acknowledge this authorization will remain in effect until I inform my employer in writing that I wish to cancel.</p>			
Employee Signature _____		Date _____	
AtWork Representative _____		Date _____	

(STAPLE VOIDED CHECK OR SAVINGS DEPOSIT SLIP BELOW)

EXAMPLES

CHECK

Routing (ACH) Number
9 Digits

Account Number

Check Number

SAVINGS DEPOSIT SLIP

Routing (ACH) Number
9 Digits

Account Number