

**DIRECT DEPOSIT CHANGE FORM**

Name: \_\_\_\_\_  
Last First Middle  
Social Security Number: \_\_\_\_\_ Employee Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Account Change**

Please deposit my pay to the following accounts effective \_\_\_\_\_.

**\* New Account Information**

When more than one account is to be credited, the last one listed will receive the balance of your net pay.

1. Bank Name/City/State: \_\_\_\_\_

Routing/Transit Number:  Account Number: \_\_\_\_\_

Checking  Savings  Other I wish to deposit: \$ \_\_\_\_\_ or \_\_\_\_\_ % of net pay

2. Bank Name/City/State: \_\_\_\_\_

Routing/Transit Number:  Account Number: \_\_\_\_\_

Checking  Savings  Other I wish to deposit: \$ \_\_\_\_\_ or \_\_\_\_\_ % of net pay

**Paperless Stub Cancellation**

*A paper stub will be provided each pay period.*

Please issue a paper direct deposit stub effective \_\_\_\_\_.

**Direct Deposit Cancellation**

I am currently enrolled in the direct deposit program with Teamwork Services, Inc. and I wish to cancel my enrollment effective \_\_\_\_\_.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

***\* A voided check or equivalent bank documentation must accompany any request for direct deposit to a new account \****