

DIRECT DEPOSIT ENROLLMENT FORM

Name: Last First Middle

Social Security Number: Employee Number:

Email Address:

Your stub will be available online as soon as payroll is run.

Enrollment Guidelines: Participation in direct deposit requires that 100% of your net pay be deposited into either your checking and/or savings account (maximum two accounts) as designated below.

Authorization:

I hereby authorize Teamwork Services, Inc. to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form.

This authorization is to remain in full force and effect until Teamwork Services and Bank have received written notice from me of its termination in such time and in such manner as to allow Teamwork Services reasonable opportunity to act on it.

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

Employee's Signature

Date

* A voided check or equivalent bank documentation must accompany this request *