

Direct Deposit Form

Date:

Employer:

SSN:

First Name:

Last Name:

Address:

Check here if new address

E-mail:

Notification of Direct Deposit payment is sent via e-mail

IMPORTANT:
Please provide a voided check for account listed below.
We will not process without a voided check.
Do not use a deposit slip as the number could be invalid.

Bank Account Information

Bank Name:

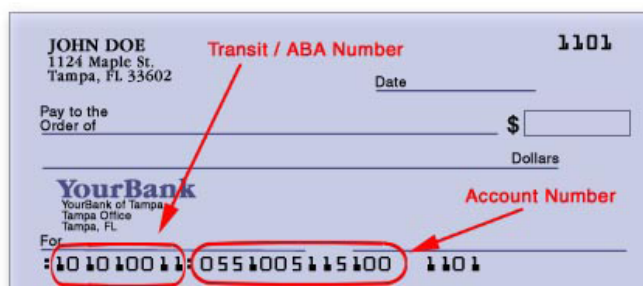
Bank Address:

Name on Account:

Routing Number: *Always 9 digits* Account Number:

Account Type

Checking Account Savings Account



Authorization

I authorize reimbursements from my reimbursement accounts with Consolidated Admin Services to be sent to the financial institution named above to be deposited in the designated account.
In the event funds are deposited erroneously into my account, I authorize Consolidated Admin Services to debit my account(s) not to exceed the original amount of the credit.
I also understand that all direct deposits are made through the automated clearing house (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

Signature: Date: