



BRANCH OFFICE: _____

SOCIAL SECURITY # _____

REQUEST FOR INITIAL DIRECT DEPOSIT

I, _____ hereby request and authorize ATC Healthcare Services, Inc. to directly deposit my pay, in lieu of a paycheck, into the bank or credit union account(s) I have designated below: If you want to split the deposit, please note account as well as amount to be deposited into each.

Bank or Credit Union: _____ Checking or Savings: _____

Acct #1-Account#: _____ ABA# _____

Amount to be deposited: _____

Bank or Credit Union: _____ Checking or Savings: _____

Acct #2-Account#: _____ ABA# _____

Amount to be deposited: _____

I acknowledge that ATC Healthcare Services, Inc. assumes no responsibility for the availability of funds which is subject to the policy of my bank or credit union.

I understand that upon termination for any reason, my final pay will not be via direct deposit, but will be in the form of a check. I further acknowledge that ATC has the right to deduct any monies from my account to recover any overpayments made on my paycheck.

Signature: _____ Date: _____

NOTE: An original voided check or printed deposit slip for savings acct. must be attached. It must include the ABA (American Banking Association) number.

CANCEL DIRECT DEPOSIT

I, _____ hereby request that direct deposit of my pay in the following account cease

effective _____

Bank or Credit Union: _____

Acct #1 – Account # _____

Account in the name(s) of: _____

Acct #2 – Account# _____

Account in the name(s) of: _____

Signature: _____ Date: _____