Direct Deposit Request Form



(Please complete this form and return it to National Benefit Services, LLC)

Personal	Company Name
Information	
	First Name Last Name Social Security Number
	Street Address Has your address changed?
	City State Zip Code Yes No
	Email Address (for claim payment notification)
Direct	Your Financial Institution Checking Account
Deposit Request	Savings Account
Request	Financial Institution Address Account Number
	Routing Number
	IMPORTANT! Please attach a voided check with this form (not a deposit slip). Only for a savings account is a deposit slip acceptable.
	I (We) authorize National Benefit Services, LLC to initiate credit entries and, if necessary, debit and adjustment entries for any credit entries and adjustments made in error to my (our) account indicated above and the financial institution named above.
	Employee Signature Date
Voided	
Check	
	Attach a blank voided check here
	Titudi a biana voided check here

NBS - 418(10/07)

National Benefit Services, LLC

P.O. Box 6980, West Jordan, UT 84084 PH (888)353-9125 Toll Free Fax (800) 478-1528

Please return to National Benefit Services, LLC