

Direct Deposit Request Form

1. Employee Name: \_\_\_\_\_

2. Last four digits of your Social Security Number XXX-XX-\_\_\_\_\_

- I authorize Workers.com to credit the attached bank account for my wages earned. I have attached a voided check below with my name, address, account, and routing number printed on it.
- I authorize Workers.com to **stop** depositing my wages into my bank account, effective immediately.

\_\_\_\_\_  
Signature Date

**Please attach a voided check below stating the account in which you want your wages to post.**

**Attached Voided Check Here**

Please verify routing number with your bank. The routing numbers may sometimes be different than what appears on your check.

**\*\*Please notify payroll immediately if you close or change bank accounts\*\***