

**JOHNSON & HILL STAFFING SERVICES
REQUEST**

DIRECT DEPOSIT

NAME: _____	SS# _____
ADDRESS: _____	Phone # _____

PRIMARY ACCOUNT	
Bank Name: _____	
Routing #: _____	
Account #: _____	
Type: Checking OR Savings	
Amount To Deposit \$ _____ OR	
Percent To Deposit % _____	

RESIDUAL ACCOUNT (for remainder of check)	
Bank Name: _____	
Routing #: _____	
Account #: _____	
Type: Checking OR Savings	
Amount To Deposit \$ _____ OR	
Percent To Deposit % _____	

YOU MUST ATTACH A VOIDED CHECK, DEPOSIT SLIP, OR BANK FORM TO VERIFY ACCOUNT #'S

I hereby authorize Johnson & Hill Staffing Services to deposit my earnings directly into the above listed account until further notice.	
_____	_____
EMPLOYEE SIGNATURE	DATE

Please Note:

- ❖ The transfer is initiated Wednesday; however **your funds are NOT available on Wednesday**; please allow 48 hours for your funds to be available. You must check with your individual bank for the specific availability of your funds.
- ❖ Also, we **MUST** have your timesheet submitted by **Sunday at midnight, with NO DISCREPANCY'S** in order for your check to be direct deposit.
- ❖ **If you do not work on an assignment for us for 3 consecutive months, we will inactivate your direct deposit.** Please notify us upon returning to your next assignment if you wish to reactivate your direct deposit.
- ❖ If you wish to start, cancel, or change your direct deposit at any time, you must notify us by 5:00 p.m. on Monday of that week.