



Around the Clock
® **ATC Healthcare Staffing Services, Inc.**

DIRECT DEPOSIT REQUEST

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:

Bank or Credit Union: _____ **Circle:** Checking or Savings
Acct #1-Account# _____ ABA# _____
Account in the name(s) of: _____
I wish to deposit: \$ _____ or Entire Net Amount

Bank or Credit Union: _____ **Circle:** Checking or Savings
Acct #2 - Account# _____ ABA# _____
Account in the name(s) of: _____
I wish to deposit: \$ _____ or Entire Net Amount

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.

REQUEST TO STOP 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: _____