

# Direct Deposit Request Form

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



## 1 Personal Information

Employee Name (First Name, Last Name)

Company Name

Street Address, City, State, Zip

No  Yes  
Address Change?

Current Date

Social Security Number

Email Address (for claim payment notification)

## 2 Direct Deposit Request

Your Financial Institution

Checking Account  Savings Account  
Account Type

Financial Institution Address

Routing Number

Account Number

## 3 Employee Signature

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

**IMPORTANT! If you have Direct Deposit information on file it carries forward unless corrected or rescinded in writing by you.**

**Please return to National Benefit Services, LLC**