



Direct Deposit Enrollment / Change Form

Please Read First

1. Complete Section 1 – Participant Information.
2. Attach a voided check (or a photocopy of a check). We CANNOT accept deposit slips; they do not always show the information required.
3. If you do not have a voided check, complete Section 2.
4. Complete Section 3 and return the form along with the voided check to Vantage Staffing Solutions.

1. Participant Information (complete this form only ONCE during the initial enrollment into plan. Disregard at renewal.)

I am (check one) Beginning Canceling Changing a direct deposit account.

Employee Name (First MI Last)

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Social Security Number

Daytime Phone

Home Address

2. Financial Institution Information

Checking

Savings

** Please ensure the information below is accurate. Should your bank reject the deposit, a \$25.00 fee will be assessed and deducted from your paycheck. **

Account Number

Transit/ABA Number (must be 9 digits long)

Financial Institution Name

Financial Institution Address

City

State

Zip Code

3. Employee Authorization

Individual/Employee Signature

Date