## **Direct Deposit Request Form**



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

Personal	Company Na	ime																
Information																		ļ
I	First Name	Last Name									Social Se	ecurity 1	Number					
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I	Street Addres	ress Has your address changed?																
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Direct	Your Financial	Instituti	ion												Check	ting Ac	count	
Deposit Request		Savings Account													ļ			
	Financial Instit	tution Address Account Number																
I		Routing Number																
I																		
1	IMPORT A	IPORTANT! Please attach a voided check with this form (not a deposit slip). Only for a savings account is a deposit slip acceptable.																
	I (We) author	rize 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.																
I	Employee Sign	ature												Date				
I	X																	
Attach a														L .				
Voided Blank Check																		ĺ
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National Benefit Services, LLC

8805 S. Sandy Parkway, Sandy, UT, 84070 PH (800)274-0503 Toll Free Fax (800) 478-1528