

BURNSSEARCH LLC

Require a VOID check to be faxed to 214-889-6176 ASAP.

Employee Direct Deposit Bank Account Initiation/Change Form

This form is to be used for employees new to the Direct Deposit service. This form may also be used for employees changing the account(s) to which their paycheck is deposited.

Employee Instructions:

1. Complete the Employee required information.
2. Complete the Direct Deposit section to specify where you want your pay deposited.
3. Sign the bottom of the form.

EMPLOYEE – Required Information

PLEASE PRINT

Employee Name _____

Social Security No. ____ / ____ / ____

New or Additional Account

Change Account

Complete for DIRECT DEPOSIT

I would like my wages/salary deposited to the following bank account(s):

Bank Account #1 Checking Savings

Bank Account #2 Checking Savings

Bank Name _____

Bank Name _____

I wish to deposit (check one):

Entire Net Pay

____% of Net

Specific Dollar Amount \$ _____.00

I wish to deposit (check one):

Entire Net Pay

____% of Net

Specific Dollar Amount \$ _____.00

Please attach one of the following (check one):

Voided check

Bank letter or specification sheet*

** See your local bank representative.*

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Voided check

Bank letter or specification sheet*

** See your local bank representative.*

Employee Signature _____ Date ____ / ____ / ____