Direct Deposit Request Form





| 1 Personal Informa | tion | |
|-------------------------------------|------------------------|--|
| | | |
| Employee Name (First Name, Last Nar | ne) | 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 Re | quest | |
| | | Charling Assembly Configura Assembly |
| Your Financial Institution | | Checking Account Savings Account Account Type |
| Financial Institution Address | | |
| Routing Number | | Account Number |
| 3 Employee Signatu | ıre | |
| I (We) authorize National Bene | | es and, if necessary, debit and adjustment entries for any credit entries and the financial institution named above. |
| Employee Signature | | |
| | | Date |
| 4 Voided Check | | |

voiaea Check

Attach a blank voided check here.

IMPORTANT! Please attach a voided check with this form (not a deposit slip). Only for a savings account is a deposit slip acceptable. If you have Direct Deposit information on file it carries forward unless corrected or rescinded in writing by you.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