



Medical Staffing Solutions

"The Solution to your Staffing Needs"

DIRECT DEPOSIT REQUEST FORM

To: Ginger Hart, Kemper First Choice Payroll
Fax: (812) 421-2292

From: Jeremy Wann

Date:

1. Complete each line below in **INK or electronically**. Please print clearly.
2. For direct deposit into checking, please **ATTACH a VOIDED CHECK**.
3. For direct deposit into savings, **PROVIDE DOCUMENTATION FROM YOUR BANK**.
4. **PROVIDE** your SIGNATURE below. Employee signature is required for all requests

New Employee
 Change Information
 Cancel Direct Deposit
 Decline

Employee Full Name

**You must be named on the account to have a deposit*

Last 4 digits of Social Security #

Bank Name City State

Bank Phone #

Checking Full amount of check **OR**
 % of check
 †

†Savings Flat dollar amount of \$ **OR**
 % of check

Routing Number:

Account Number:

Employee Signature Date: