Direct Deposit

I, _____, agree to have my paycheck directly deposited into my account at _____ bank.

I also agree that upon my last day of employment, all direct deposits will cease and I am to contact my supervisor to pick up a paper check.

Bank address:_____
Routing number:_____ Account number:_____

Account Type: _____Checking _____Savings

Deposit Options: _____Deposit Entire Net Pay Each Pay Period

_____Deposit $_____of Net Pay Each Pay Period

Company_____

I agree to pay any charges incurred for putting a stop payment on the check and return the original check to Capital Business Services if it is found.

Capital Business Services, Inc.
10800 Midlothian Tnpk. Ste-104, N. Chesterfield, VA 23235
FAX-(804) 545-1236

Signed: _____ Date: _____

Please insert a voided **CHECK** here:

PLEASE COMPLETE ONE FORM FOR EACH DEPOSIT REQUEST