



Direct Deposit

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

Bank address: _____

Account Type: _____ Checking _____ Savings

Deposit Options: _____ Deposit Entire Net Pay Each Pay Period

_____ Deposit \$ _____ of Net Pay Each Pay Period

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

Capital Business Services, Inc.

10800 Midlothian Tnpk. Ste-104, Richmond, VA 23235

Tel: (804) 365-4040 Fax: (804) 545-1236

Signed: _____ Date: _____

Please insert a voided **CHECK** here:

PLEASE COMPLETE ONE FORM FOR EACH DEPOSIT REQUEST