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Employee Direct Deposit Form

Employee Instructions

1. Complete the employee required information section
2. Complete the Direct Deposit section to specify where you want your pay deposited.
3. Sign the bottom of the form.
4. Retain a copy of this form. Return the original to RJ-Staffing.

EMPLOYEE – Required Information

Please Print

Employee Name _____

Social Security No. ____ / ____ / _____

Complete for DIRECT DEPOSIT

I would like my wages deposited to the following bank account:

Bank Account Checking Savings

Bank Name _____

Please attach one of the following (check one):

Voided Check

Bank letter or specification sheet (See your local bank representative)

Employee Signature _____ Date ____ / ____ / ____

Return this original form to your employer

rj-staffing Use Only

Account Number _____ Routing/Transit No. _____