



Direct Deposit Enrollment Form

I hereby authorize EDI Staffing to deposit the proceeds of my payroll checks directly into the bank account noted below via Electronic Funds Transfer (Direct Deposit via ACH). This authorization is to remain in force until EDI Staffing has received written authorization from the undersigned terminating or changing this authorization.

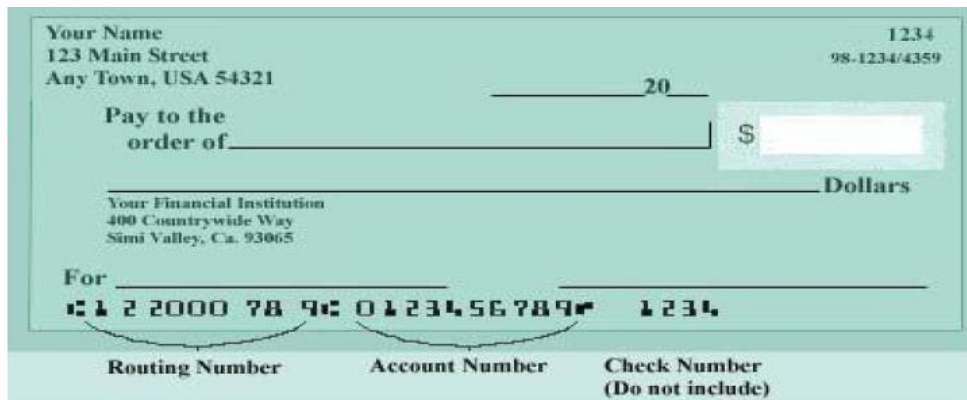
Request Type: New Application Request Change Request Cancellation

LLC Name: _____ **PLEASE PRINT CLEARLY**

Tax ID Number: _____

Address: _____ State: _____ Zip Code: _____

Telephone: _____ Email Address: _____



**Attach a voided check over the sample. Forms received without a voided check will be considered incomplete.
Deposit slips are not accepted.**

Bank Name: _____

Bank Address: _____ City: _____ State/Province: _____

Name on the Account (**Must be in the name of the LLC and not an individual**): _____

Account Type: Checking Savings

Bank Routing Number: _____ Account Number: _____

LLC Signature: _____ Date: _____

Please email completed and signed form to: apdist@edispecialists.com