



AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL CHECKS

Name: _____ Social Security Number: _____

ORIGINAL AUTHORIZATION

I hereby authorize CHG Healthcare Services to initiate the direct deposit of all my payroll checks to my account(s):

- | | | |
|-----------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Checking | <input type="checkbox"/> Full Deposit | <input type="checkbox"/> Partial Deposit: \$ _____ |
| <input type="checkbox"/> Savings | <input type="checkbox"/> Full Deposit | <input type="checkbox"/> Partial Deposit: \$ _____ |

For direct deposit to checking or savings, you must attach a ***voided check*** and/or savings statement which shows the account and bank code. **Please do not use a deposit slip!**

CHANGE REQUEST

I hereby authorize CHG Healthcare Services to change my direct deposit of all my payroll checks to my account(s):

- | | | |
|-----------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Checking | <input type="checkbox"/> Full Deposit | <input type="checkbox"/> Partial Deposit: \$ _____ |
| <input type="checkbox"/> Savings | <input type="checkbox"/> Full Deposit | <input type="checkbox"/> Partial Deposit: \$ _____ |

For direct deposit to checking or savings, you must attach a ***voided check*** and/or savings statement which shows the account and bank code. **Please do not use a deposit slip!**

CANCELLATION – CHECK ALL THAT APPLY

- Checking Savings

I understand that my account will be credited on each payday except for certain holiday weeks when special notices will be issued. I also understand that CHG Healthcare Services has the right to reverse any erroneous direct deposit amount.

PAY STUB – EMAIL AUTHORIZATION

I hereby authorize CHG Healthcare Services to email my pay stub to the e-mail address provided in the online application or other e-mail address as provided thereafter.

Signature: _____ Date: _____

*All Requests Must Be Signed in Ink and Dated.