



DIRECT DEPOSIT

Deposits are to be made to the following checking and/or savings account(s):

Direct Deposit Account 1 Specify One: ____ Activate ____ Cancel ____ Change

Financial Institution Name: _____ Type of Account: ____ Checking ____ Savings

Routing #: _____ Account #: _____

Specify One: % of Paycheck _____ \$ Amount of Paycheck _____

☐ Cancel old account immediately.

Direct Deposit Account 2 Specify One: ____ Activate ____ Cancel ____ Change

Financial Institution Name: _____ Type of Account: ____ Checking ____ Savings

Routing #: _____ Account #: _____

Specify One: % of Paycheck _____ \$ Amount of Paycheck _____

☐ Cancel old account immediately.

One of the following is **required** to enroll in Direct Deposit:

1. Voided check
Or
2. A document or card issued by the institution that includes your name, routing number, and account number

This authority is to remain in full force and effect until The Hire Firm has received written notification from me of its termination in such time and in such matter as to afford The Hire Firm reasonable opportunity to act on it.

Print Name

Date

Signature

** Algavan, Inc. is the association for all payroll credits and debits and will appear on your bank statement as such