Direct Deposit Request Form

NATIONAL BENEFIT SERVICES, LLC
Customer Care • Knowledge and Expertise • Organizational Excellence

(Please complete this form and return it to National Benefit Services, LLC)

Personal Information

Company Name

First Name | Last Name | Social Security Number (___-___-____)

Street Address | Has your address changed? ☐ Yes ☐ No

City | State | Zip Code

Email Address (for claim payment notification)

Direct Deposit Request

Your Financial Institution | ☐ Checking Account ☐ Savings Account

Financial Institution Address | Account Number | Routing Number

IMPORTANT! Please attach a voided check with this form (not a deposit slip). Only for a savings account is a deposit slip acceptable.

I (We) authorize National Benefit Services, LLC to initiate credit entries and, if necessary, debit and adjustment entries for any credit entries and adjustments made in error to my (our) account indicated above and the financial institution named above.

Employee Signature
X

Date

Voided Check

Attach a blank voided check here

NBS - 418(10/07)

National Benefit Services, LLC
P.O. Box 6980, West Jordan, UT 84084 PH (888)353-9125 Toll Free Fax (800) 478-1528

Please return to National Benefit Services, LLC