

DIRECT DEPOSIT SIGNUP FORM

Instructions:

1. Complete the EMPLOYEE REQUIRED INFORMATION SECTION.
2. Complete the DIRECT DEPOSIT INFORMATION SECTION.
3. SIGN the bottom of the form.
4. Retain a copy for your records. Return the original signed to Accent on Languages.

(1) WORKER REQUIRED INFORMATION

(Please Print or Type)

WORKER'S NAME: _____

SOCIAL SECURITY NUMBER:

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(2) DIRECT DEPOSIT INFORMATION

I authorize my employee to deposit my wages/salary to the following bank account(s):

Account Number: _____

Checking: Savings:

Bank Name: _____

Please attach one of the following:

Voided check (deposit slips are not accepted) showing routing number and account number

(3) SIGNATURE

By signing below, I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize Accent on Languages Inc. to make direct deposits into the named account(s).

EMPLOYEE'S SIGNATURE

DATE

ACCOUNTHOLDER SIGNATURE
(IF EMPLOYEE DOESN'T HAVE AUTHORITY TO AUTHORIZE DEPOSITS TO THE ACCOUNTHOLDER'S ACCOUNT).

DATE