

Innovative Talent Solutions
Payroll Direct Deposit Enrollment Form

I, _____ (print name), authorize Innovative Talent Solutions to deposit my weekly net pay directly to my bank account, described as follows:

Name on Account: _____

Bank Name: _____

Bank Routing / ABA#: _____

Account Number: _____

I have attached a voided check # _____ to support the above information. (Checking account information. (Checking account only: all other accounts require information directly from the financial institution for direct deposit transactions).

I understand this authorization will remain in effect until Innovative Talent Solutions terminates the direct deposit program or until I change my authorization in writing.

Signature

Date



Innovative Talent Solutions

it's all about you