

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 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

