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DIRECT DEPOSIT AUTHORIZATION

Employee Name: _____

Social Security#: _____

Please Check One:

- I want to enroll in the Direct Deposit Service
- I want to change Bank or Account Information

I authorize the company to deposit my net pay directly into the bank account named below. This authorization will remain in effect until I notify the company, in writing, that I wish to discontinue this service or until the company has notified me that it has terminated the direct deposit service. I understand that the notice to discontinue will be acted upon by the company during the next available payroll cycle after receipt of notice.

Please deposit my net pay into the following bank:

Bank Name: _____

Branch Location:

Account Number: _____

ABA/Routing Number: _____

- Checking
- Savings

Employee Authorized Signature: _____

Date: _____