



## REQUEST FOR DIRECT DEPOSIT

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

City and State: \_\_\_\_\_

CHECK ONE:                                     Checking Account                                    or                                     Savings Account

**Please be advised that there may be up to a 30 day period which you will receive a regular paycheck. Premier Healthcare Professionals reserves the right to retrieve any erroneously credited funds. Until your direct deposit is set up with your bank, please advise what address you would like your paychecks to be sent to:**

\_\_\_\_\_

\_\_\_\_\_

Until your weekly paycheck is direct deposited, please indicate how you would like it to be sent as well as the charge amount by checking the one of the selections below:

\_\_\_\_\_ DHL Overnight- 20.00 Charge

\_\_\_\_\_ Priority Mail- 4.50 Charge (no guarantee that it will arrive on Friday)

\_\_\_\_\_ USPS Mail- No Charge (no guarantee that it will arrive on Friday)

Employee Signature: \_\_\_\_\_

**ATTACH A VOIDED CHECK HERE ONLY**

Premier Healthcare Professionals  
2450 Atlanta Highway, Suite 601  
Cumming, GA 30040  
866-296-3247/ 866-666-2622 Fax  
678-460-1008/ 678-460-1009 Fax