

DIRECT DEPOSIT FORM



ONYX
HEALTH CARE STAFFING

Name _____ Zip Code _____ Date of Birth _____

Company Name _____ City of Company _____

DIRECT DEPOSIT

Bank Account #1

Check One: Checking Savings HSA

% or amount of Net Pay to be deposited: _____

Bank Name: _____

City/State of Bank: _____

Bank Routing #: _____

Account #: _____

Bank Account #2

Check One: Checking Savings HSA

% or amount of Net Pay to be deposited: _____

Bank Name: _____

City/State of Bank: _____

Bank Routing #: _____

Account #: _____

**PLEASE TAPE VOIDED CHECK
NO DEPOSIT SLIPS**

PAYSTUB NOTIFICATION

1. Journey will send your secure pay-stub to this email address: _____
2. Journey can also send you a quick FYI of what your NET PAY is via email or text. How would you like us to send this information: Neither Email Text Message _____

Worker Signature: _____ Date: _____

By signing/typing your name above, you are giving your signature and are agreeing that you are either the account holder or have the authority of the account holder that authorizes your employer to make direct deposits into the named account. You also give your employer and Journey Payroll the authorization to pull from your (employee) account if there is a clerical error, payroll error, or the employer does not have the funds to cover your (employee) payroll. You acknowledge and agree to waive any rights you may have to return debit entries to your account and you personally guaranty the return of the funds in question.

Account Holder Signature: _____ Date: _____

(If worker doesn't have authority to authorize deposits to the account holder's account.)