Direct Deposit Cancellation / Start New Direct Deposit / Change of Address Form

Employee Information	
Employee Name:	Social Security Number: - -

☐ **"Cancel" Current Direct Account Information:**

Cancel Current Bank Account Information		
Bank Name:	Checking ☐	Savings ☐
Account Number:	Routing Number (9 digits):	

☐ **"New Direct" Account Information:**

Email Address: _____

Start New Direct Deposit Bank Account Information		
Bank Name:	Checking ☐	Savings ☐
Account Number:	Routing Number (9 digits):	
Must attach a voided check or bank direct deposit authorization form		

☐ **"Change of Address":**

Change of address request Information		
Street Address:		
City:	**State:**	**Zip:**

Employee Statement & Signature

I authorize Quality Driver Solutions, Inc. to cancel or credit the attached bank account for my wages earned, plus update address information changes if applicable. In the event that an error has been made and I am overpaid, I hereby authorize Quality Driver Solutions, Inc. to deduct such monies from my account to correct such errors.

Employee Signature: **X** _____ **Date:** _____

Please allow one to two pay periods to process your request

Office use only: Updated in Coats ☐ Staff Initial _____ (Original in Personnel) File)