



THE SUPPORTING CAST
733 3rd Avenue 16th Floor, New York, NY 10017
TEL: 212-532-8888
FAX: 212-725-6192

EMPLOYEE DIRECT DEPOSIT ENROLLMENT FORM

EMPLOYEE NAME: _____

EMPLOYEE SS #: _____

BANK NAME: _____

BANK ROUTING #: _____

BANK ACCOUNT #: _____

Please staple a voided original check (Employee's Name must appear on the check).
Deposit Tickets are **NOT** acceptable.

AFFIX A VOIDED BLANK CHECK HERE

I authorize The Supporting Cast to initiate direct deposit on my behalf. I request that my pay be transmitted electronically to my bank. I understand that funds may be electronically correct in case of an error or incorrect deposit being made.

Signature

Date

**If you wish to terminate direct deposit, you must inform the payroll department in writing. Please include the effective date, name and signature*