

**PartnerJD**

LEGAL SEARCH CONSULTANTS

## **DIRECT DEPOSIT FORM**

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**Please fill in and return this form if you are electing Direct Deposit.**

Employee Name: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Bank Name and Branch \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

\_\_\_\_\_ I hereby request the deposit of my entire net payroll check into the above-named bank account each pay period. I authorize PartnerJD, LLC to withdraw any funds deposited in error into my account.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

**Please attach a voided check to this form.**

5207 Hickory Park Drive, Suite E, Glen Allen, VA 23059  
Phone (804) 955-1502 or (804) 955-1503  
Fax (804) 955-4444

[www.PartnerJD.com](http://www.PartnerJD.com)