USF Holland Inc. Payroll and Expense Reimbursement Direct Deposit Form

Section 1

Action Requested: (circle one) **Sign-Up** **Change**
(Complete all sections)

Name _____ Terminal Location _____

Social Security Number _____ Employee Number (if known) _____

Section 2

List below, the accounts you would like to have money deposited into (up to three):
**********DO NOT SEND IN DEPOSIT SLIP**********

Net Pay and Expense Reimbursement (Net Pay minus Flat amounts elected below)

Savings Checking (circle one)

Nine digit A.B.A. number _____ Account number _____

Note: If you are not sure of the A.B.A. number or Account number, it can be obtained from a check or by contacting your financial institution.

Additional Deposit 1/Flat Amount Big Dutch Fleet Credit Union

Savings Checking (circle one)

Nine Digit A.B.A. number 272481363 Account number _____

Amount $ _____

Note: If you are not sure of the A.B.A. number or Account number, it can be obtained from a check or by contacting your financial institution.

Additional Deposit 2/Flat Amount

Savings Checking (circle one)

Nine Digit A.B.A. number _____ Account number _____

Amount $ _____

Note: If you are not sure of the A.B.A. number or Account number, it can be obtained from a check or by contacting your financial institution.

Section 3

I authorize USF Holland Inc. to implement the action circled in Section 1 for the account and A.B.A. number(s) listed. I understand that by not properly and/or accurately completing this form, a delay in implementing the Direct Deposit and/or errors may occur after implementation.

Signature _____ Date _____