



DIRECT DEPOSIT ENROLLMENT FORM

EMPLOYEE _____ SS# _____

SIGNATURE _____ DATE _____

*****AS A COMPANY EMPLOYEE YOU HAVE THE OPTION TO DEPOSIT YOUR WEEKLY CHECK INTO 4 DIFFERENT ACCOUNTS. PLEASE COMPLETE ALL INFORMATION FOR EACH ACCOUNT YOU WOULD LIKE TO HAVE MONEY DEPOSITED INTO *****

1ST ACCOUNT:

BANK NAME _____

BANK PHONE# () _____

BANK ROUTING# _____

ACCOUNT NUMBER _____

IS THIS A CHECKING OR SAVINGS ACCT?

(Please circle one)

PLEASE DEPOSIT _____ OF MY CHECK
(may be a percentage or dollar amount)

2nd ACCOUNT:

BANK NAME _____

BANK PHONE# () _____

BANK ROUTING# _____

ACCOUNT NUMBER _____

IS THIS A CHECKING OR SAVINGS ACCT?

(Please circle one)

PLEASE DEPOSIT _____ OF MY CHECK
(may be a percentage or dollar amount)

3RD ACCOUNT:

BANK NAME _____

BANK PHONE# () _____

BANK ROUTING# _____

ACCOUNT NUMBER _____

IS THIS A CHECKING OR SAVINGS ACCT?

(Please circle one)

PLEASE DEPOSIT _____ OF MY CHECK
(may be a percentage or dollar amount)

4TH ACCOUNT:

BANK NAME _____

BANK PHONE# () _____

BANK ROUTING# _____

ACCOUNT NUMBER _____

IS THIS A CHECKING OR SAVINGS ACCT?

(Please circle one)

PLEASE DEPOSIT _____ OF MY CHECK
(may be a percentage or dollar amount)

*****I UNDERSTAND THAT BY SIGNING THIS I AM AUTHORIZING ARNOLD TRANSPORTATION SERVICES TO INITIATE DIRECT DEPOSIT AND THIS WILL REMAIN IN EFFECT UNIL OTHERWISE INDICATED BY ME, IN WRITING, OR UNTIL MY TERMINATION WITH THE COMPANY*****

*****PLEASE MAKE SURE FORM IS FULLY COMPLETED AND ATTACH A VOIDED CHECK TO ENSURE PROPER PROCESSING*****

REMIT TO:

ARNOLD TRANSPORTATION SERVICES
451 FREIGHT STREET
CAMP HILL, PA 17011
ATTN: PAYROLL
FAX# 717-730-0930
PHONE: 1800-285-1810

_____ THIS IS AN ADDITION TO AN EXSITING ACCOUNT
OR

IF THIS REPLACES AN EXISTING ACCOUNT:

_____ KEEP CURRENT ACCOUNT OPEN

OR

_____ MAIL ME CHECKS UNTIL NEW ACCOUNT STARTS