



Willow Cherry Computer Solutions, LLC DIRECT DEPOSIT ENROLLMENT REQUEST FORM

NOTICE: Contractors are able to begin direct deposit or update existing direct deposit information by completing and sending this form to Human Resource by e-mail to hr@wccomersolutions.com or by fax to 720-269-8966. Please fill out the form as soon as possible to ensure timely processing.

Name:		Today's Date:	
Daytime Phone:		Note: The ability to begin on the above day will be determined by my HR Administrator based on the date of this request and the current Operations Calendar and/or Starmatic schedule.	
Company Name:	Willow Cherry Computer Solutions, LLC		
PLEASE SELECT ONE OF THE FOLLOWING ACTIONS (only ONE per request):			
<input type="checkbox"/> I am a new contractor ENROLLING in direct deposit for new contractors. <small>(Effective date should be date of first SOW schedule in Starmatic.)</small>			
<input type="checkbox"/> I currently receive a paper paycheck and wish to ENROLL in direct deposit.			
<input type="checkbox"/> I am currently enrolled in direct deposit and wish to CHANGE my account information. <small>(Check the appropriate update box below and list only the NEW information for the account to be changed below.)</small>			
<input type="checkbox"/> I am currently enrolled in direct deposit and wish to revert back to receiving a paper pay check.			
MAIN BANK INFORMATION (Required) New Account Set-up / Update or Change Account		'OTHER' BANK INFORMATION (Optional) New Account Set-up / Update or Change Account	
BANK NAME:		BANK NAME:	
ROUTING NUMBER:		ROUTING NUMBER:	
ACCOUNT NUMBER:		ACCOUNT NUMBER:	
ACCOUNT TYPE:	Checking / Savings	ACCOUNT TYPE:	Checking / Savings
I understand that by selecting Direct Deposit to my bank account I will receive any and all payments to the selected account until I submit another request to change my direct deposit account information. I understand that I can only choose one direct deposit method at a time for receiving payments. I understand I must include a voided (cancelled) check from my checking account or deposit slip with this form to verify my account details.			

By signing below I authorize and request the above-indicated action to be taken with regard to my paycheck/direct deposit account. This authorization revokes all prior notifications as to my net pay. (If this form is establishing accounts, I understand that the bank, credit union or savings and loan company reserves the right to cancel this agreement by notice to me.) In addition, I certify that I have confirmed the above account information by referencing a voided personal check or account statement or thru an agent of my bank, credit union or savings and loan company.

Contractor's Signature: _____ Date: _____

TO BE COMPLETED BY HR ADMINISTRATOR:

Date Entered: _____ / Entered By: _____ Effective Date of account action (based on request date and WCCS Operations Calendar): _____

Notification of completion and action effective date has been relayed to contractor.