

CAPS Payroll Direct Deposit Request



Note: This form should only be used if you are unable to set up or update your direct deposits online on the MyCast&Crew Portal: <https://my.castandcrew.com>. Direct deposits are paperless and check stubs are made digitally available in the portal. Check stubs will not be sent via mail, unless you change your preferences in the portal.

Employer/Production Company: _____

The undersigned hereby authorizes CAPS, LLC as the payroll agent for _____
(employee name), to make payroll deposits to the undersigned's bank account as follows:

Account Type: Checking Savings

Name of Bank: _____

Routing Number: _____

Account Number: _____

To set up a direct deposit, a voided check or a bank document including name, routing number, and account number is required. If not provided, you will receive a live check.

The undersigned acknowledges and agrees that such direct payroll deposit may be made only if the above named bank is a Participating Depository Financial Institution in the Automated Clearing House system.

The undersigned agrees that if he or she closes the above-named bank account or elects to terminate his or her participation in the Direct Deposit Program, the undersigned shall immediately notify CAPS by completing and delivering a new direct deposit instruction. If the undersigned fails to notify CAPS of a closed bank account or his or her termination in the Direct Payroll Deposit Program, CAPS, LLC shall be neither responsible nor liable for deposits directed to the above-referenced account.

Direct deposits to the above referenced account should be made effective on _____ (Date).

I elect to terminate my participation in the Automatic Payroll Deposit Program offered by CAPS, LLC effective on _____ (Date).

Date

Employee Signature

Telephone

Print Full Name

Last four digits of SSN or
full FEIN if loan-out corporation

Loan-Out Name (if applicable)

Comments or additional information:

Mail this request to CAPS at caps.dd@capspayroll.com