



**WILLIAMS INDUSTRIAL SERVICES GROUP, LLC
AUTOMATIC CHECK DEPOSIT FORM**

NAME: _____

SS # _____ **Employee Number** _____

Address: _____

City/State/Zip: _____

Bank Name: _____

Bank Transit or Routing Number: _____

Employee's Account Number: _____

Type of Account

Checking Account: _____ **Saving Account:** _____

Employee Signature: _____

Attach copy of check here (if applicable)