

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Attach Voided
Check Here

StaffSource, Inc.
180 Interstate North Parkway
Suite 180
Atlanta, GA 30339

Type or Print

Employee Name _____ Social Security Number _____

Bank Name _____

Bank Address _____ City _____ State _____ Zip _____

Bank Routing Number _____

*** Important Note: The employee is responsible for contacting his/her bank or financial institution to confirm the bank routing numbers and account numbers. The employee is also responsible for notifying Payroll immediately if the deposit bank changes or account numbers change.*

*** You may only choose to have funds deposited into either checking OR savings, NOT both.*

Deposit to:

Checking Account Number _____

Savings Account Number _____

I hereby authorize StaffSource, Inc. and the depository named above to initiate direct deposit (credit) entries and correction (debit) entries to the depository account listed above. This authorization will remain in effect until the Payroll Office receives written notification from me at least 30 days prior to the effective date of the termination.

*****PLEASE MAKE SURE TO ATTACH A VOIDED PERSONALIZED CHECK TO THIS FORM *****

Signature _____

Date _____ Phone number _____

PAYROLL USE ONLY

Date entered _____ Initials _____ Date Pre-Note Accepted _____

Please mail completed form to the address above. Allow 2 pay cycles for your direct deposit to be processed. Direct deposit will be in effect on the third pay cycle after receipt of your completed form.