



The Human Resource Solution Center

Employee ID # _____
Date: _____

DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name _____ Soc. Sec. # _____

<u>\$ Amount</u>	<u>Checking Account #</u>	<u>Bank ABA/Routing #</u>	<u>Bank Telephone #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**** A voided check from each checking account must be attached****

<u>\$ Amount</u>	<u>Savings Account #</u>	<u>Bank ABA/Routing #</u>	<u>Bank Telephone #</u>
_____	_____	_____	_____
_____	_____	_____	_____

****A voided savings deposit slip from each savings account must be attached.****

If you select multiple accounts, designate specific dollar amounts for each account except one where you must indicate "REMAINDER". If you want your entire check to go to one account, indicate "ALL" in the amount column.

PLEASE NOTE THE FOLLOWING:

- 1) Once this form is submitted, there is a qualifying pre-notification period to verify your account numbers on any new or additional accounts you have listed. The pre-notification period can take up to 10 days after the first payroll.
- 2) Funds electronically deposited may not be available to the employee on the same day as the payroll, depending on the receiving bank's procedures. The employee is responsible for verifying that their funds are available prior to writing checks or debiting account.

I hereby authorize StaffScapes, Inc. to make electronic deposits to my account(s) as indicated above. I also authorize StaffScapes to make any necessary debit entries and adjustments for any deposits that were made in error to my account(s). I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take, StaffScapes can not issue the funds to me until the funds are returned to StaffScapes by my financial institution. I understand that this authorization will cause any previously authorized direct deposits to financial institutions to be discontinued.

Signature

Date

Print Name