

DIRECT DEPOSIT AUTHORIZATION

Date:	Social Sec	urity No
Name (Last):	First	:MI:
Client #: Client Name:		
Complete this section if enrolling or changing financial institution, branch or account or if you are canceling Direct Deposit.		
□ NEW	☐ CHANG	E CANCELLATION
You may designate any financial institution or credit union in the U.S. You may have your earnings distributed in multiple checking and/or savings accounts. There will be a pre-note period on all accounts before your Direct Deposit will be in effect.		
1Bank Name		Amount Checking Savings HSA
Bank ABA Routing Num	nber	Bank Account Number
2Bank Name		Checking Savings HSA
Bank ABA Routing Num	nber	Bank Account Number
		Checking Savings HSA
Bank Name		Amount
Bank ABA Routing Num	nber	Bank Account Number
4Bank Name		Checking Savings HSA
Bank ABA Routing Num	nher	Bank Account Number
I hereby authorize USA STAFFING or it's subsidiaries to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to the accounts I have named above. This agreement is to remain in effect until USA STAFFING has received written notification from me of it's cancellation in such time to afford USA STAFFING and the Depository named above a reasonable opportunity to act on it. If you change accounts or wish to stop this automatic deposit for any reason, please notify the USA STAFFING Payroll Department immediately at 800-256-7823. I understand that if a copy of a void check is not attached that I am responsible for the accuracy of the information provided above and that a delay in the set-up of my direct deposit is possible. Please Note: Posting times vary depending on your financial institution(s).		
Employee Signature	:	Date:
Name Address Pay to the order of	Attach copy of voide	Date:
		DOILARS
Bank Name For		unt#) 00112233445566 (Ck#) 0001
(11221 IW dolling	,,	(0111)