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Employee Direct Deposit Request

Instructions:

- 1. Complete and sign the below Authorization Agreement and Direct Deposit Information section.
- 2. Attach one of the following pre-printed documents as verification for account ownership (deposit slips are NOT acceptable and notes and forms with account numbers hand-written CANNOT be accepted):
 - Preprinted Checks

· Copy of Bank Statement

Preprinted Financial Institution Card

- Letter on Bank Letterhead
- 3. Return this to the payroll representative at your local staffing company office.

Authorization	Agreement
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Au	tnorizatioi	n Agreement			
Affiliate Name: Social			Security Number:		
I hereby authorize People 2.0 (hereinafter called <i>Company</i>) to deposit any amounts owed to me by initiating credit entries to my account at the financial institution(s) listed below (hereinafter called <i>Bank</i>). Further, I authorize the Bank to accept and to credit any entries indicated by Company to my account. In the event the Company should deposit funds into my account by error, I authorize the Company to debit my account for an amount not to exceed the original amount of the erroneous credit. This authority is to remain in full force and effect until the Company has received written notification from me of it's termination in a manner and time that affords the Company and the Bank a reasonable opportunity to act on it.					
Signature: Date: _					
IMPORTANT NOTE: The Company cannot guarantee that deposits will be credited at the same time each pay period. It is your responsibility to verify deposits and availability of funds with your bank. The Company cannot be liable for your returned check charges.					
Direct Deposit Information You may direct deposit your pay in up to (3) three designated checking and/or savings accounts but you must be an owner on the accounts into which the funds will be deposited. We may request you provide additional information to validate account ownership. Note: 100% of your paycheck must be deposited. Paper checks will not be issued in combination with any Direct Deposit. Please complete the designations below along with re-confirming the ABA and routing numbers that is on your pre-printed documents. If you wish to designate more than (2) two accounts, please complete an additional form. This designation remains the same for each pay period; a change would require a new form. Indicate the type and the specific account information:					
Financial Institution Name			☐ Checking ☐ Savings		
Type:	☐ New	Add an Additional Acct	☐ Change in amount	☐ Change in Financial Institution	
Routing	g/ABA #:	Account #:		☐Net Pay or% ☐ Amount \$	
Financial Institution Name		☐ Checking ☐ Savings			
Type:	☐ New	Add an Additional Acct	☐ Change in amount	☐ Change in Financial Institution	
Routing	g/ABA #:	Account #:		☐Net Pay or% ☐ Amount \$	
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ATTACH VOIDED CHECK OR BANK LETTER HERE:

(Deposit Slips are NOT acceptable.)