

DIRECT DEPOSIT FORM

NAME: _____

DATE: _____

SOCIAL SECURITY: _____

OFFICE: _____

I certify that I am the owner, or joint owner of the account designated and am entitled to provide this authorization. I authorize Qualified Staffing to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account listed below. **This authorization will remain in effect until Qualified Staffing receives written notice of direct deposit termination from me in such time and manner as to afford reasonable opportunity for Qualified Staffing and the Financial Institution to act on it.** I understand the very earliest I can expect my checking or savings account to be credited will be on payday. Also, if I change or terminate my account without notifying Qualified Staffing payroll in writing, I understand that my pay may be delayed.

Bank Information

Financial Institution: _____

Type of Account: Checking: _____ Savings: _____

Account Number _____

Routing # _____

**Note: When you sign up for direct deposit you must have the entire check go electronically.
Changes made to banking information may take up to 30 days to process.**

Employee Signature

| | |
|--|---------------|
| _____ I would like to cancel my deposit authorization. | |
| ----- Employee Signature | _____ Date |