

Employee Direct Deposit Authorization Form

Employee Name: (please print) _____

I authorize my employer, Associate Staffing and Placement, Inc., and its Agents, including Financial Institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking account listed below. This authorization will remain in effect until I have informed my employer in writing that I wish to cancel it and my employer has had reasonable time to affect such cancellation.

Employee Signature Date

Please complete the following information regarding the bank account you have selected to have your paycheck deposited into:

Bank Name
Bank Address
Bank City, State, Zip
Routing Transit Number
Account No.

This is a: Savings Account Checking Account

Please staple or scan a VOIDED blank check with this form to ensure proper processing for this account. If you do not have a check, your bank's website often has a document available to substitute a check.

I understand that when I sign up for direct deposit no statement will be mailed to me, but all pay statements will be available through my ADP dashboard.	
_____ Employee Signature	_____ Date

Checks that are transmitted by direct deposit will be deposited into your account on Friday and will appear based on your bank's posting procedures. From experience, we know that each bank has different posting procedures. Should you have any questions about as to when the funds are available, please contact your bank directly.

FOR OFFICE USE ONLY:		
REC: _____	INT: _____	FPR: _____