

PAY DISTRIBUTION AUTHORIZATION

Employee Name _____

Social Security # — —

SELECT ACCOUNT TYPE: DIRECT DEPOSIT PAYCARD

DIRECT DEPOSIT ACCOUNT INFORMATION

START STOP

Bank Name _____

City _____ State _____ Zip Code _____

Routing # _____ Account # _____

Type of Account: CHECKING SAVINGS Choose One: \$ amount of deposit _____
% amount of deposit _____

EMPLOYEE AUTHORIZATION (read and sign)

AUTHORIZATION:

All information must be completed in full above.

I hereby authorize PERSONNEL STAFFING GROUP to initiate credit entries and initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated above. The Bank(s) names above have my authorization to credit and/or debit the same such account(s).

I understand that a "Pre-notification" may be processed one pay period prior to the actual crediting of my account(s) and it is my responsibility to assure that all the information on this form is correct.

I understand that my Direct Deposit will become effective approximately 14 working days from the time Corporate Payroll receives this form from my Bank or me.

This authority is to remain in full force and effect until the employer has received written notification from me of its termination in such time and in such a manner as to afford the employer reasonable opportunity to act on it or until my employment with PERSONNEL STAFFING GROUP is terminated for any reason.

EMPLOYEE SIGNATURE: _____ DATE: _____

For Direct Deposits: ATTACH a VOIDED CHECK, a DEPOSIT SLIP, or a DIRECT DEPOSIT SHEET from your bank for account verification.

**For Pay Cards ATTACH the PAY CARD SLIP.
(Client name here)**