



FOR OFFICE USE ONLY

Authorization for Direct Deposit – Employee Form

This authorizes THE RIGHT STAFF to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future. This authorizes the financial institution holding the Account to post all such entries.

If you choose this option today, please attach a voided copy of a check to this form.

Account #1

Account #1 Type (e.g. Checking, Savings, Loan)_____

EMPLOYEE BANK NAME

BRANCH

CITY

STATE

BANK ROUTING # (ABA#)

ACCOUNT #

Account #2

Account #1 Type (e.g. Checking, Savings, Loan)_____

EMPLOYEE BANK NAME

BRANCH

CITY

STATE

BANK ROUTING # (ABA#)

ACCOUNT #

This authorization will be in effect until THE RIGHT STAFF receives a written termination notice from myself and has a reasonable opportunity to act on it.

SIGNATURE

PRINTED NAME

EMPLOYEE SOCIAL SECURITY #

DATE

This document must be signed by employees requesting automatic deposit of paychecks, and retained on file by the employer.