



Authorization for Direct Deposit Payment

I hereby authorize ActionStaff, hereinafter Company, to initiate payroll/ACH direct deposit credit entries to my:

- Checking Account
- Savings Account

Indicated below at the financial institution named below, hereafter called Bank, and to credit the same to such account. I acknowledge that the origination of Automated Clearing House (ACH) transactions to my account must comply with the provisions of the U.S. law.

Additionally, I hereby authorized Company to initiate debit entries to my account and the Bank to debit the same to such account, in the case where the incorrect payroll/ACH amount has been credited to such account in error.

This authority is to remain in full effect until Company or Bank has received written notification from me of its termination in such time and manner as to afford Company or Bank a reasonable opportunity to act on it, or until Company or Bank has sent me ten (10) day written notice of Company or Bank's termination of this agreement.

Bank Name											
Address											
City											
State											
Zip Code											
Phone Number											
Bank Transit Routing Number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Account Number Information											

Please attach a voided check in order for ActionStaff. to setup your information.

Name: _____

Date: _____

Signature: _____