

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

 Employee Name

 Social Security Number

I hereby authorize my employer, American StaffCorp, (hereinafter called COMPANY) to authorize and instruct their elected Payroll Service Provider (hereinafter called PROVIDER) to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter called DEPOSITORY) indicated on attachment.

Further, I understand that in the event of a failure in this Electronic Funds Transfer (EFT), I agree to accept any amount owed me by COMPANY within twenty four (24) hours after I have notified COMPANY that amount owed was not credited to my account on the scheduled pay date.

Further, I understand that in the event of a failure in this Electronic Funds Transfer, I agree to accept any amounts owed me by COMPANY in check form if necessary.

I further agree to indemnify and hold harmless the COMPANY, PROVIDER, and their agents for any and all Banking Charges owed by me due to failure of this EFT.

In the event the COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

Further, I authorize DEPOSITORY to accept any credit or debit entries initiated by COMPANY to my account pursuant to this agreement.

Check one: Checking Savings

I wish to deposit (check one): \$ _____ _____ % of Net Entire Net Pay

This authorization is to remain in full force and effect until COMPANY has received written notice from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it OR upon termination of my employment with COMPANY.

Employee Signature: _____ Date: _____

YOU MUST ATTACH A VOIDED CHECK OR SPECIFICATION SHEET PROVIDED BY YOUR FINANCIAL INSTITUTION. DEPOSIT SLIPS OR ANY OTHER FORM OF DOCUMENTATION THAT MAY HAVE YOUR ACCOUNT INFORMATION DISPLAYED ON IT ARE NOT ACCEPTABLE!