



## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL

Name (Please Print)

Name of Financial Institution

Routing (ABA) Number

Account Number

Account Type

Checking

Savings

Check here if your Direct Deposit Remittance emailed to you.

email address to send it to:

*I authorize you and the Financial Institution listed to deposit my net pay to my account each pay period. If funds to which I am not entitled are deposited to my account, I authorize you to direct the Financial Institution to return said funds. This authorization for direct deposit will remain in effect until I have cancelled in writing or I have a gap in employment with Flex-Staff greater than six months.*

Signature

Date