

Authorization for Direct Deposit

I hereby authorize Teamtemps Personnel Staffing, Inc to initiate electronic entries, and, if necessary adjustments for any credit entries in error to my account each pay period. I authorize the financial institution named below, hereinafter called Depository, to credit the same to such account. This authority is to remain in effect until Teamtemps Personnel Staffing, Inc has received written notification from me of its termination in such time and in such manner as to afford Teamtemps Personnel Staffing, Inc and Depository a reasonable opportunity to act on it.

Date:	Name (print):	Social Security No:
_____	_____	_____
Financial Institution Name and Address:		Signature:
_____		_____
_____		_____
_____		_____

CHECK ONE:

I am not currently participating in the Direct Deposit Program
 ADD - Deposit my pay to the account shown*

I am currently participating in the Direct Deposit Program

CHANGE - Change my financial institution and/or account number*

CANCEL - Stop my participation in the program.

*Due to the time required for Teamtemps and bank processing, allow one or two pay periods for processing. You will receive a regular paycheck until the changes can be processed.

IMPORTANT!!! CHECK TYPE OF ACCOUNT: CHECKING SAVINGS

TAPE YOUR VOIDED CHECK HERE

BE SURE TO WRITE VOID ACROSS THE FACE OF YOUR CHECK

If you have a savings account, please enter the routing number and account number below.

Routing Number: _____; Account Number: _____