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Direct Deposit Authorization Form

INSTRUCTIONS: To establish / change a direct deposit of your payroll check, complete the appropriate sections below and sign this form. A separate form is required for each direct deposit transaction. For a direct deposit to a "Checking Account", you **must** attach a **voided check** to this form. For a direct deposit to a "Savings Account", you **must** attach a **deposit slip** to this form.

TYPE OF TRANSACTION		
<input type="checkbox"/> New Direct Deposit	<input type="checkbox"/> Change to Direct Deposit	<input type="checkbox"/> Cancel Direct Deposit
PERSONAL INFORMATION		
Employee Name:		SSN:
Address (Home):		
City:	State:	ZIP Code:
Work Location (Employer):		Phone (Work):
Email Address:		
<input type="checkbox"/> Electronic Paystub Delivery: If your entire pay is processed via Direct Deposit, you may elect to have your paystub sent to you via email. Check here to have your paystub emailed to you, and enter your email address above. <i>Please note: If you elect to have your paystub emailed, a paper paystub will NOT be generated.</i>		
FINANCIAL INSTITUTION INFORMATION		
Financial Institution Name:		
Address:		
City:	State:	ZIP Code:
Account Number:		Routing Number:
Account Type: <input type="checkbox"/> Checking (Attach a voided check)		<input type="checkbox"/> Savings (Attach a deposit slip)

NOTE: You must complete a "Cancellation of Direct Deposit" form **before** closing any designated Direct Deposit Account. Failure to do so will result in delays in making your payroll funds available to you. Your first Direct Deposit will take approximately 3 weeks to process in order that all data may be verified. Your check will continue to be routed as per current instructions during this period.

AUTHORIZATION: I (hereinafter referred to as the Employee) hereby authorize StaffPro, Inc. to make deposits from time to time in the account identified above at my Depository Financial Institution (hereinafter referred to as the Bank) and authorize the Bank to accept these deposits. Adjusting entries to correct errors are also authorized. It is agreed that these deposits and adjustments be made electronically and under the Rules of the Automated Clearing House Association (ACHA). This authorization will remain in effect until StaffPro, Inc. receives written notice of termination from the Employee or upon termination of the Employee's employment with StaffPro, Inc. I have retained a completed copy of this Authorization for my record. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the US law.

SIGNATURE	
This form will not be processed without your signature	
Employee signature:	Date:

STAFFPRO OFFICE USE ONLY			
Prenote By:	Date:	PN Approval By:	Date: