Direct Deposit Form



We are pleased to oer you direct deposit. Now you can have your paycheck automatically deposited in your checking or savings account on payday, and you don't have to change your present banking relationship to take advantage of this service.

HERE'S HOW DIRECT DEPOSIT WORKS:

Once your direct deposit has been entered into our system, your account goes into pre-note status, to verify we have the correct account number set up. This typically takes 5 business days. Once verified successfully, your direct deposit becomes active. On payday you will receive an earnings statement showing gross salary, taxes, other deductions, and net pay. Your money will already have been deposited in your account(s). The amount of the deposit will appear on your bank statement. We believe you will like the added convenience of having your net pay automatically deposited for you. Direct deposit is safe, convenient and easy.

ALL YOU NEED TO DO IS:

- 1. Mark the box next to type of account to indicate whether your net pay will be deposited in your checking or savings account.
- 2. Fill in your name, the name and location of your financial institution, and today's date.
- 3. Attach a voided check for verification of the financial institution information. If you are unable to attach the voided check, please fill in your account number.

 NOTE: Be sure to sign the form!

account number.	. De sare to sign the form:
Name: Client/Employer Name:	
Phone: Email: SSN (last 4 digits):	
Action Requested (Check One): Start Direct Deposit Stop Direct Deposit Change (add/delete a bank, increase/decrease fixed amount or select a new bank account	
Effective Date: As Soon As Possible Future Pay Date:	
Bank Name: Routing #: Check Only One Box: Deposit any balance of net pay to this account Full deposit Fixed amount or percent \$ / % If depositing more than (1) bank, you must choose one balance account.	_ Savings
Bank Name:	
Routing #:	Savings
Bank Name:	
Routing #: Account #: Checking Check Only One Box: Deposit any balance of net pay to this account Full deposit Fixed amount or percent \$ / %	Savings
Bank Name:	
Routing #: Account #: Checking Checking Check Only One Box: Deposit any balance of net pay to this account Full deposit Fixed amount or percent \$ / %	Savings
I authorize Staff-It to deposit my net pay via direct deposit to my account(s) as indicated above. If funds to which I am not entitled are deposited to my account(s), I authorize Staff-It to direct the financial institution(s) to return said funds. I understand that it is my responsibility to verify that payments have been credited to my account(s) and that Staff-It assumes no liability for overdrafts for any reason.	
I understand that in the event my financial institution(s) is/are not able to deposit any electronic transfer into my account due to any action I take, Staff-It cannot issue funds to me until the funds are returned to Staff-It by my financial institution(s). I understand this authorization will override any previous authorization and will remain in effect until a) revoked by my written request; or b) immediately following my termination from employment with Staff-It; or c) 120 days after my last paycheck was issued.	
i understand I must immediately notify Staff-It before I close any/all account(s) listed above while this authorization	is in effect.
Employee Signature: Today's Date:	

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