

DIRECT DEPOSIT AUTHORIZATION

FAX COMPLETED FORM TO: (612) 353-4064

The authorization form below gives StaffCo and your financial institution authority to deposit your pay directly into your account.

INSTRUCTIONS

1. Fill in your name and your bank information.
2. Mark the box to indicate whether your pay will be deposited into your checking account, savings account, or onto a pay card.
3. Please fill in your bank routing number and account number.
4. Be sure to **sign the form**.
5. Return the completed form, **along with a voided check or bank statement validating account information**, to your local StaffCo branch office or fax to the number above.

AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSIT

I authorize StaffCo and the bank indicated below to deposit my net pay automatically each payday. If monies to which I am not entitled are deposited to my account, I authorize my employer to direct the bank to return said funds. This authority will remain in effect until I have cancelled it in writing. For questions or concerns, call (612) 353-4032.

Name:

Phone:

Social Security Number:

BANK INFORMATION

Checking

Savings

Pay Card

Bank Name:

Bank Phone:

Routing Number:

Account Number:

AUTHORIZED SIGNATURE

Employee Signature:

Date: