



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Date: ____/____/____

Employee: _____ Social Security _____

Client Company: _____ Effective Date: ____/____/____

I hereby authorize Staffing & Payroll Alternative, Inc. or its Subsidiaries hereinafter called COMPANY, to initiate credit entries and, if necessary, reversal or adjustments to correct any entries made to my ___checking or ___savings account (**SELECT ONE**) in the said depository named below.

___ STOP DIRECT DEPOSIT TO THE FOLLOWING ACCOUNT IMMEDIATELY:

DEPOSITORY (Commercial Bank, Savings Bank, Credit Union, etc.)

Name: _____

City: _____ State: _____

This agreement is to remain in effect until COMPANY has received written notification from me of its termination in such time to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Date: ____/____/____ Signature: _____

Date: ____/____/____ Signature: _____

Note: Joint accounts require the signature of both parties. Submissions of joint accounts without both signatures will be returned.

CHECKING ACCOUNTS: Please attach a voided and blank **check**.

SAVINGS ACCOUNTS: Please attach a deposit slip or banking facility form letter.

Attach voided and blank check in this space

I want to emphasize the importance of accurately writing the routing and account numbers. If there is an error in these details, please be aware that we cannot resend the funds until the original deposit is returned.

To avoid any potential complications, please ensure that all information is correctly hand-written or a voided blank check is attached.