



Authorization for Direct Deposits – Employee Form

This authorizes RightStaff, LLC to send credit entries (and appropriate debit adjustment entries) electronically or by any other commercially accepted method to my (our) account(s) indicated below and to other accounts I (we) identify in the future. This authorizes the financial institution holding the Account to post all such entries.

***** Please attach a voided check for account(s) *****

Account #1

Deposit Amount (or %) _____
Account Type (checking or savings) _____
Bank Name _____
City, State _____
Account Number _____
Banks Routing Number _____

Account #2

Deposit Amount (or %) _____
Account Type (checking or savings) _____
Bank Name _____
City, State _____
Account Number _____
Banks Routing Number _____

This authorization will be in effect until RightStaff, LLC receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature

Printed Name

Date

*****E-mail address if you would like to access your check stub information*****

NOTE: Funds are deposited on Thursdays.