



## DIRECT DEPOSIT AUTHORIZATION FORM

### INSTRUCTIONS FOR DIRECT DEPOSIT AUTHORIZATION FORM (Please print in ink)

- Check transaction type and complete designated section
- Alterations must be initialed
- Make a copy for yourself, before you submit this form

#### TRANSACTION TYPE

- New Setup** (Complete Sections 1, 2, and 3)
- Change** (Complete Sections 1, 2, and 3)
- Cancellation** (Complete Sections 1 and 3)

#### PAYROLL OFFICE USE ONLY

Date Received \_\_\_\_\_

Effective Date \_\_\_\_\_

### SECTION 1 – EMPLOYEE INFORMATION

Employee SSN \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### SECTION 2 – EMPLOYEE'S BANK OR CREDIT UNION INFORMATION (Check one or both)

#### CHECKING

Name of Bank or Credit Union \_\_\_\_\_  
Attach voided check (deposit slip is not acceptable)  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Routing Transit Number \_\_\_\_\_  
Customer Account Number \_\_\_\_\_  
 Entire Check  Partial Amount \$ \_\_\_\_\_

#### SAVINGS

Name of Bank or Credit Union \_\_\_\_\_  
Attach voided check (deposit slip is not acceptable)  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Routing Transit Number \_\_\_\_\_  
Customer Account Number \_\_\_\_\_  
 Entire Check  Partial Amount \$ \_\_\_\_\_

### SECTION 3 – EMPLOYEE CONSENT AND AUTHORIZATION

I hereby authorize Specialty Staffing Resources to deposit by Electronic Transfer payments owed to me by SSR and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. SSR shall deposit the payments in the Financial Institution and account designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_