



**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDIT)**

As a convenience to our employees, FirstStaff offers the option of Direct Deposit. When employees choose to take advantage of this program, FirstStaff pays you by making a "Direct Deposit" into your bank account. Direct Deposit is safe, reliable, and convenient to you. You do not have to take care of a paper check (which could be delayed in the mail, lost, or stolen) and you do not have to travel to pick up a check from our office. If you would like to take advantage of Direct Deposit, complete this form and submit it along **with a voided personal check (if direct depositing into checking account) and/or voided deposit slip (if direct depositing into a savings account) for each account that you list.** Please allow 10 to 15 days for this authorization to go into effect.

I hereby authorize **FIRSTSTAFF** to initiate credit entries into the following account(s) at the depository financial institution(s) named below (hereafter "DEPOSITORY") and to credit the same to such account(s). I acknowledge that the origination of ACH transactions to my account(s) must comply with the provisions of U.S. law.

<b>PRIMARY ACCOUNT:</b>	<b>(Select One)</b>	<input type="checkbox"/> <b>Checking Account</b>	<input type="checkbox"/> <b>Savings Account</b>
Depository Name: _____ Branch: _____ City: _____ State: _____ Zip: _____			
Routing Number: _____		Account Number: _____	
* First set of numbers at the bottom of your check.		* Second set of numbers at the bottom of your check.	
<b>SECOND ACCOUNT:</b>	<b>(Select One)</b>	<input type="checkbox"/> <b>Checking Account</b>	<input type="checkbox"/> <b>Savings Account</b>
SPECIFIC DOLLAR AMOUNT DESIGNATED TO SECOND ACCOUNT FOR EACH PAY PERIOD: \$ _____			
Depository Name: _____ Branch: _____ City: _____ State: _____ Zip: _____			
Routing Number: _____		Account Number: _____	
<b>THIRD ACCOUNT:</b>	<b>(Select One)</b>	<input type="checkbox"/> <b>Checking Account</b>	<input type="checkbox"/> <b>Savings Account</b>
SPECIFIC DOLLAR AMOUNT DESIGNATED TO SECOND ACCOUNT FOR EACH PAY PERIOD: \$ _____			
Depository Name: _____ Branch: _____ City: _____ State: _____ Zip: _____			
Routing Number: _____		Account Number: _____	

This authorization is to remain in full force and effect until FIRSTSTAFF has received written notification from me of its termination in such time and in such manner as to afford FIRSTSTAFF and DEPOSITORY a reasonable opportunity to act.

Name: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**NOTE: AUTHORIZATION CANNOT BE PROCESSED WITHOUT A VOIDED CHECK/DEPOSIT SLIP CORRESPONDING WITH YOUR LISTED ACCOUNTS**