



## Direct Deposit Authorization Form

TempStaff, Inc. requires you choose Direct Deposit or Pay Card to receive your weekly pay. Please choose one of the following:

- DIRECT DEPOSIT:** (Please complete the form below and ATTACH A VOIDED CHECK.) Direct Deposit funds are available in your account on Friday of each week. Direct Deposit statements are mailed to your home address Wednesday of each week.

I hereby authorize TempStaff, Inc. to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my **(choose one)** \_\_\_\_\_ **Checking Account** or \_\_\_\_\_ **Savings Account** indicated below and the institution named below to credit and/or debit the same to such account.

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Transit/ABA # \_\_\_\_\_ Account # \_\_\_\_\_

This authority is to remain in full force and effect until **TempStaff, Inc.** has received written notification from me of its termination in such time and in such manner as to afford **TempStaff, Inc.** and **Depository** a reasonable opportunity to act on it.

- PAY CARD:** I choose to have my pay deposited directly to my pay card. My net pay will be deposited onto the pay card each payday. Statements are mailed to your home address Wednesday of each week. I understand that for my first pay period I will receive a check, along with my pay card and information kit.

I would like to (choose one) \_\_\_\_\_ pick up my check and pay card info OR \_\_\_\_\_ mail my check and pay card info.

Employee Name (Please Print) \_\_\_\_\_ SSN \_\_\_\_\_

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

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Attach voided check below for Direct Deposit

**Fax completed form to TempStaff Accounting Department: (601)714-4680**