

DIRECT DEPOSIT APPLICATION FORM

Please complete the information below for Direct Deposit. Direct Deposit allows your paycheck's net amount to be automatically deposited into your bank account. Please call your bank if you need to know the net amount of your check. Do not call our office for the net amount of your Direct Deposit.

Office # 441 Office Name Jennifer Temps, Inc.

Employee Name: (Print) _____

Social Security #: _____

Name of Bank: _____

Bank Telephone #: _____

Account Type: Checking Account # _____

 Savings Account # _____

 ABA Bank Routing # _____
(9 digit # before account #)

*****ATTACH A COPY OF VOIDED CHECK WITH CHECKING ACCOUNT INFO*****

I authorize the company to deposit my net pay directly into the bank account named above. This authorization will remain in effect until I notify the company, in writing, that I wish to discontinue this service or until the company has notified me that it has terminated the direct deposit service. I understand that the notice to discontinue will be acted upon by the company during the next available payroll cycle after receipt of notice.

Signature _____

Date _____

Banking regulations require a notification process that takes a minimum of two payroll cycles.