



DIRECT PAYROLL DEPOSIT AUTHORIZATION

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I authorize INTRASTAFF and the bank listed below to deposit my net pay automatically to my account each payday. If funds to which I am not entitled are deposited to my account, I authorize you to direct the bank to return the said funds. This authority will remain in effect until I have canceled it in writing.

1. Please allow three weeks for direct deposit; during the three weeks your check will be here in the Intrastaff office for pick up unless you call to authorize Intrastaff to mail your check.
2. Please attach a voided check or statement from your bank with the routing number and account number on the documentation. Intrastaff cannot accept deposit slips as documentation as most of the routing numbers on the slips are incorrect.
3. If you already have an account set up and would like to cancel and start a new account please send in a cancelation form as well as this form.

DATE: _____

EMPLOYEE NAME: _____

SOCIAL SECURITY #: _____

NAME OF BANK: _____

TRANSIT/ABA #: _____

CHECKING ACCT #: _____

SAVINGS ACCT #: _____

PARTIAL DEPOSIT AMT: _____

Signature _____

Intrastaff Enter Date: _____