

Direct Deposit Authorization Agreement

Please complete the following form and return it to us along with a voided check for checking accounts or a deposit slip for savings accounts. Direct deposit requests typically take 2-3 weeks for processing.

| ☐ Begin Deposits | | ☐ Change Information ☐ Car | | ☐ Cand | ncel Deposits | |
|--|--|----------------------------|-------------|-------------|----------------------|--|
| | | | | | | |
| Employee Name: | | | SSN: | : | | |
| Bank Name: | | | Acco | ount: | ☐ Checking ☐ Savings | |
| Account Number: | | | Rout Num | _ | | |
| I authorize Hire Up Staffing Services to initiate credits (and corrections to previous credits) to the financial institution designated above. This authorization will remain in effect until I give written notice to Hire Up either to change or terminate this authorization. | | | | | | |
| Employee Signature: | | | Date: | | | |
| To Be Completed By Payroll Department | | | | | | |
| Date Received: | | Date Entered | | Effe Dat | ective | |