



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.

| | | |
|---|---|--|
| <input type="checkbox"/> Begin Deposits | <input type="checkbox"/> Change Information | <input type="checkbox"/> Cancel Deposits |
|---|---|--|

| | | | |
|-----------------|-------|-----------------|---|
| Employee Name: | _____ | SSN: | _____ |
| Bank Name: | _____ | Account: | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| Account Number: | _____ | Routing Number: | _____ |

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 on Payroll: | _____ | Effective Date: | _____ |
|----------------|-------|--------------------------|-------|-----------------|-------|