



StaffScapes

Human Resource Solution Center

Employee ID: _____
Date: _____

DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name: _____ SSN: _____

Email Address: _____ (mandatory)

PLEASE NOTE THE FOLLOWING:

- Once this form is submitted, there is a qualifying pre-notification period to verify your account numbers on any new or additional accounts you have listed. The pre-notification period can take up to ten (10) days after the first payroll.
- Funds electronically deposited may not be available to the employee on the same day as the payroll, depending on the receiving bank's procedures. The employee is responsible for verifying that their funds are available prior to writing checks or debiting account(s).
- Beginning 1/1/14 payrolls that are 100% direct deposited will have pay stubs emailed, no paper copies will be provided.

Account #1: Type (check one): Checking Savings Other **Deposit (check one):** 100% _____% \$_____

Bank Name: _____ Bank Phone #: _____

Routing #: _____ Account #: _____

Account #2: Type (check one): Checking Savings Other **Deposit (check one):** _____% \$_____

Bank Name: _____ Bank Phone #: _____

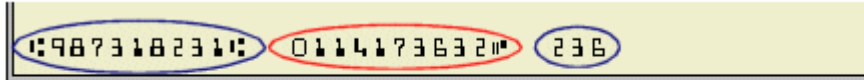
Routing #: _____ Account #: _____

Account #3: Type (check one): Checking Savings Other **Deposit (check one):** _____% \$_____

Bank Name: _____ Bank Phone _____

Routing #: _____ Account #: _____

Please refer to the sample check below to assist in identifying your bank's routing number and account number. The check number is not needed. If you need to list more than three accounts, please fill out a second direct deposit form.



The routing & transit # is 9 digits surrounded by @
The account # is usually left of @ - If check # is left of account #, ignore check #
The check # should match the # in the upper-right corner

***A voided check or savings deposit slip must be attached for each account listed ***

I hereby authorize StaffScapes, Inc. to make electronic deposits to my account(s) as indicated below. I also authorize StaffScapes to make any necessary debit entries and adjustments for any deposits that were made in error to my account(s). I understand that in the event my financial institution is not able to deposit any electronic transfer into my account(s) due to any action I take, StaffScapes can refrain from issuing the funds to me until the funds are returned to StaffScapes by my financial institution. I understand that this authorization will cause any previously authorized direct deposits to financial institutions to be discontinued.

Signature _____

Date _____