



Direct Deposit Authorization Form

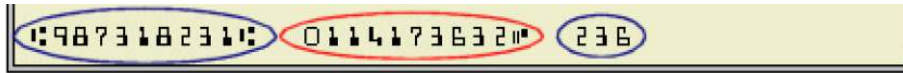
Employee Name: _____ Last 4 of SSN: XXX-XX-_____

Personal Email Address: _____

PLEASE NOTE THE FOLLOWING:

1. Once this form is submitted, there is a qualifying pre-notification period to verify your account number(s) on any new or additional accounts you listed. The pre-notification period can take up to ten (10) days after the first payroll. **During this time, you will receive a live check.**
2. Funds electronically deposited may not be available to the employee on the same day as the payroll, depending on the receiving bank's procedures. Employees are responsible for verifying that funds are available prior to writing checks, debiting accounts, or authorizing automatic payments.
3. If an email address is provided, paystubs will be emailed directly to the employee. No paper copies will be printed.

Please refer to the sample check below to assist in identifying your bank's routing and account numbers. The check number is not needed. If you need to list more than three accounts, please fill out a secondary 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 printout from bank listing account/routing numbers must be attached for each account listed

Account #1:	Type (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	Deposit (check one): <input type="checkbox"/> 100% <input type="checkbox"/> _____ % <input type="checkbox"/> \$ _____
Bank Name: _____		Bank Phone #: _____
Routing #: _____		Account #: _____
Account #2:	Type (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	Deposit (check one): <input type="checkbox"/> 100% <input type="checkbox"/> _____ % <input type="checkbox"/> \$ _____
Bank Name: _____		Bank Phone #: _____
Routing #: _____		Account #: _____
Account #3:	Type (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	Deposit (check one): <input type="checkbox"/> 100% <input type="checkbox"/> _____ % <input type="checkbox"/> \$ _____
Bank Name: _____		Bank Phone #: _____
Routing #: _____		Account #: _____

I hereby authorize StaffScapes, Inc. to make electronic deposits to my account(s) as indicated above. I also authorize StaffScapes to make any necessary debit entries and adjustments for any deposits that ere 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.

Employee Signature: _____

Date: _____