



DIRECT DEPOSIT
AUTHORIZATION AGREEMENT

Employee Name: _____

SS#: _____

Bank Name/Branch: _____

Bank Phone #: _____

Checking: _____ **Savings:** _____

New: _____ Change: _____ Cancel: _____

PLEASE ATTACH THE FOLLOWING:

For a checking account – a check from your account with “VOID” written across the face.

For a savings account – a deposit slip for your account with “VOID” written across the face.

- I hereby authorize Dependable Staffing Services (DSS) to initiate the procedure indicated above. I understand that for new and change requests, DSS has the authority to initiate credits to the account named above, and if necessary, to initiate debit entries and adjustments for any credit entries made in error to said account.
- I understand that I am responsible for contacting my bank to verify funds were deposited to my account prior to using them. I further understand that DSS will not be responsible for any over drafts of my account.
- I understand this authority will remain in full force and effect until I revoke it, in writing, and in a time frame such that DSS can act upon it accordingly.

Employee Signature

Date