

DIRECT DEPOSIT AUTHORIZATION FORM

for

Applied Staffing Solutions PEO, LLC

(* You may deposit your check into more than one account)

Employee Name _____

Social Security # _____

Financial Institution _____

ABA Routing Number _____

Account Number _____

Type of Account: _____ Checking _____ Savings

Fixed Amount: \$ _____ Balance: _____

Financial Institution _____

ABA Routing Number _____

Account Number _____

Type of Account: _____ Checking _____ Savings

Fixed Amount: \$ _____ Balance: _____

Financial Institution _____

ABA Routing Number _____

Account Number _____

Type of Account: _____ Checking _____ Savings

Fixed Amount: \$ _____ Balance: _____

Financial Institution _____

ABA Routing Number _____

Account Number _____

Type of Account: _____ Checking _____ Savings

Fixed Amount: \$ _____ Balance: _____

For Checking Accounts please attach a “Voided” Check

*If savings account, please be sure to have the correct Account # & Routing # listed above.

I authorize the company listed above to deposit my payroll check electronically into the above referenced account.

Employee Signature

Dated