

Payroll Direct Deposit Authorization Form

Please Complete In Ink - Do Not Fax - PLEASE PRINT

Name of Payee (Last, First, Middle Initial)

Address (Street, PO Box, Route)

City, State, Zip Code

Telephone Number (Include Area Code)

Social Security No.

Employees may choose either **Checking Account (Attach a Voided Check) OR Savings Account (Attach Documentation from Financial Institution)**

_____ **New Employee**

_____ **Employee Change**

_____ **Change Account No.**

_____ **Change Institution**

Account Type

Checking

(Attach Voided Check)

Savings

(Attach Financial Institution Documentation)

Bank Name:

Bank Address:

Routing # (9 Digits)

Account #

Authorization Agreement: I hereby authorize Saunders Staffing, Inc./Personnel Pool of VA, Inc. to deposit my paycheck each payday into the account(s) named above. This authority will remain in force until I have given written notice that I am terminating it, or until my employer has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If an incorrect deposit should be made into my account(s), I authorize my bank(s) and Saunders Staffing, Inc./Personnel Pool of VA, Inc. to make the appropriate adjustment(s). **IF ANOTHER NAME APPEARS ON YOUR ACCOUNT - OTHER ACCOUNT HOLDER MUST ALSO SIGN BELOW.**

Employee Signature

Date

Account Holder Signature (If other than employee)

Date

PERSONNEL POOL OF VA., INC.

Active:

Entered:

SAUNDERS STAFING, INC.

Active:

Entered:

OFFICE USE ONLY