



7201 W Greenfield Avenue
Milwaukee, Wisconsin 53214

414-302-9202 Fax: 414-302-9175
www.StaffOneLtd.com
Email: Sandy@StaffOneLtd.com

Employee Direct Deposit Authorization

There will be a \$2.00 administrative fee per deposit.

Instructions: Employee: Complete and return to Staff One.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Name of Bank _____

Account Type 1: Checking Savings Debit Card

Bank routing number (ABA number): _____

Account number: _____

Percentage or dollar amount to be deposited to this account: _____

Account 2 (remainder to be deposited to this account) _____

Name of Bank _____

Account Type 1: Checking Savings Debit Card

Bank routing number (ABA number): _____

Account number: _____

attach a voided check for each account here

Authorization: This authorizes **Staff One, Ltd.** (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated above and to other accounts I (we) identify in the future (the "Account") and to deduct \$2.00 per transaction from my account. This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: _____

Print name: _____ Date: _____