



Direct Deposit Authorization Agreement

Name: _____ Social Security #: _____

Address/City/State/Zip: _____

Check one: New account Change account Cancel direct deposit

Bank Name: _____

Address/City/State/Zip: _____

Type of Account: Checking Savings

Note: A minimum of 15 business days is required before an Electronic Funds transfer (EFT) becomes effective.

If this is a new account, you should:

- A) Already have the account set up at your bank.
- B) Verify the bank's transit number and your account number (including dashes).
- C) Notify the bank that you are going to set up direct deposit through payroll.

I hereby authorize Foremost Staffing to directly deposit my pay in the bank account listed on this form. I am attaching a voided check or a form from my bank listing my account and routing number for the account listed on this form. This authorization is to remain in force until the company has received written authorization from me of its termination or change. The written authorization must be received in sufficient time to allow Foremost Staffing a reasonable opportunity to act on it.

Also, I grant Foremost Staffing the right to correct any Electronic Funds Transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Foremost Staffing will transmit my payment electronically based on the information I have provided. If this transmission fails because the information is incorrect or has become outdated, Foremost Staffing can only provide a replacement check AFTER they have received a refund from my financial institution. Therefore, it is imperative that I provide accurate information and notify Foremost Staffing immediately if I change account numbers or financial institutions.

Employee Signature

Date

*** Attach a voided check here! ***