



Direct Deposit Set-Up Form

Personal Information

Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Account Information

Bank Name: _____

Branch Address: _____

Branch City, State, Zip: _____

Routing Number: _____

Account Number: _____

Deposit To:

- Checking
 Savings

Agreement

I authorize Allied Staffing Network to automatically deposit my payroll check into my account listed above. (This includes authorization to correct any entries made in error.) This authorization will remain in effect until I give written notice to cancel it.

Signature

Date

** Please fax the completed form along with a VOID check to 214 260 0737. **