AUTHENTIC
STAFFING AND HOME HEALTH AGENCY, INC.

DIRECT DEPOSIT AUTHORIZATION FORM

Fill in the boxes below and sign the form.

Last Name

First Name

MI

Social Security Number

Work Phone

Action

New

Change

Cancel

Effective Date

Month

Day

Year

Name of Financial Institution

Account Number

(Include hyphens but omit spaces and special symbols.)

Type of Account

Checking

Savings

Routing Transit Number

(All 9 boxes must be filled. The first two numbers must be 01 through 12 or 21 through 32.)

Ownership of Account

Self

Joint

Other

By signing this agreement, I authorize _____ to initiate credit entries to the account indicated above for the purpose of expense and/or payroll. I also authorize _____ to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

Signature _____ Date _____

If the account is a joint account or in someone else's name, that individual must also agree to the terms stated above by signing below.

Signature _____ Date _____

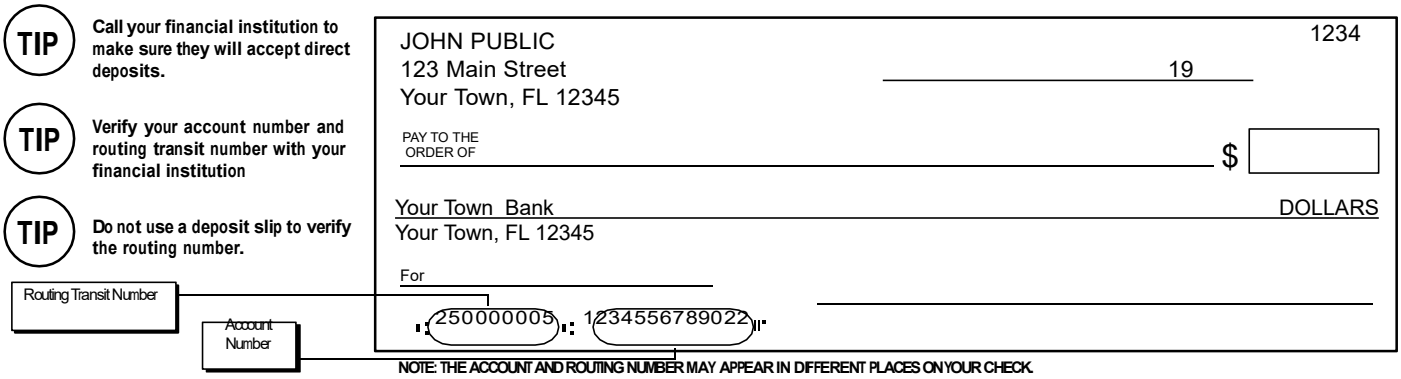
HOW TO COMPLETE THIS FORM

1. Fill in all boxes above.
2. Sign and date the form.

TIP **Call your financial institution to make sure they will accept direct deposits.**

TIP **Verify your account number and routing transit number with your financial institution**

TIP **Do not use a deposit slip to verify the routing number.**



NOTE: THE ACCOUNT AND ROUTING NUMBER MAY APPEAR IN DIFFERENT PLACES ON YOUR CHECK.