



DIRECT DEPOSIT AUTHORIZATION

I _____ authorize Central Florida Staffing to electronically deposit to the

accounts below:

Bank Name: _____

Add Change Delete Bank Account Number: _____

ACH Routing Number: _____ Amount or % Deposited: _____

Account Type – Checking Savings

Bank Name: _____

Add Change Delete Bank Account Number: _____

ACH Routing Number: _____ Amount or % Deposited: _____

Account Type – Checking Savings

Bank Name: _____

Add Change Delete Bank Account Number: _____

ACH Routing Number: _____ Amount or % Deposited: _____

I hereby authorize and agree that in the event that Central Florida Staffing deposits funds erroneously into my account, I authorize Central Florida Staffing to debit my account for an amount not to exceed the original amount of the erroneous credit.

(NOTE: You are allowed to make deposits to only two checking and two savings accounts. Most credit union deductions are considered one savings account. Attach voided check(s) and verify the ACH bank routing number and bank account number for all of the account(s) listed above. **Please allow 2 to 3 pay periods for processing.**)

If I change banks or bank accounts, I am fully responsible for immediately notifying the Payroll Department of the change.

Employee Signature: _____ Social Security #: _____

Branch Approval: _____ Date: _____

Attach a voided check, a copy of a check, or a copy of the Financial Institution Identification Card (for savings accounts).

Note: Incomplete or unacceptable information will delay the start of your direct deposit or savings amount(s).