DIRECT DEPOSIT AUTHORIZATION



Employee uses this form to initiate, change, or stop payroll direct deposit to the employee’s account. Print, sign, and date the completed form. For deposits being made to a checking account, attach a voided CHECK to this form. For deposits to a savings account, attach a pre-printed account and routing number verification from your bank. Funds may only be deposited to one account. Submit form with attachments to Encadria Staffing Solutions LLC to initiate a direct deposit account. This form must be manually submitted with one of the attachments indicated above.

|  |  |  |  |
| --- | --- | --- | --- |
| EMPLOYEE INFORMATION | | | |
| LAST NAME | FIRST NAME | M | SOCIAL SECURITY NO |

|  |
| --- |
| DIRECT DEPOSIT AUTHORIZATION |
| **I authorize Encadria Staffing Solutions LLC to** INITIATE CHANGE STOP  Direct deposit of my paycheck into the account shown below and to initiate, if necessary, debit entries or adjustments for any credit error. I will not hold Encadria Staffing Solutions LLC responsible for delay, loss, or misapplication of funds due to incorrect or incomplete information supplied by me, or failure of my bank to correctly credit my account. This authority is to remain in full force until I notify Encadria Staffing Solutions LLC in writing of its termination giving Encadria Staffing Solutions LLC and the bank reasonable opportunity to act upon it.  I understand participation in direct deposit does not alter the requirements for processing my timecard. Timecards are due according to specific time capture methods and my funds will usually be available through my financial institution on Thursday. |
| EMPLOYEE SIGNATURE DATE |

|  |  |  |  |
| --- | --- | --- | --- |
| NAME OF FINANCIAL INSTITUTION | ACCOUNT NUMBER | TYPE OF ACCOUNT | ROUTING NUMBER |
|  |  | Checking  Savings |  |

**GA, IL, PA, & RI residents only:**

I choose to OPT OUT of the Direct Deposit program and request a paper paycheck which will be mailed via US Postal Service.