



DIRECT DEPOSIT AUTHORIZATION FORM

EMPLOYEE NAME: _____ LAST 4 SSN: _____

BANK NAME: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

CHECKING SAVINGS

EMAIL PAY STUB

I HEREBY AUTHORIZE AMERICAN WORKFORCE GROUP, INC. TO INITIATE ACCOUNTING TRANSACTIONS TO DEPOSIT MY EMPLOYEE PAY DIRECTLY INTO THE ACCOUNT INDICATED ABOVE AND CORRECT ANY ERRORS WHICH MAY OCCUR FROM THESE TRANSACTIONS. I ALSO AUTHORIZE THE FINANCIAL INSTITUTION TO POST THESE TRANSACTIONS TO THE ACCOUNT INDICATED ABOVE.

I HEREBY ACKNOWLEDGE THAT I MUST GIVE AMERICAN WORKFORCE GROUP, INC. A MINIMUM OF ONE (1) WEEK NOTICE TO CANCEL MY DIRECT DEPOSIT. I ALSO ACKNOWLEDGE THAT ANY DIRECT DEPOSIT ALREADY CLEARED THROUGH THE AUTOMATED CLEARING HOUSE (ACH) WILL NOT BE REVERSED AND REISSUED AS A PAPER CHECK UNTIL THE DIRECT DEPOSIT HAS BEEN RETURNED TO AMERICAN WORKFORCE GROUP, INC.

EMPLOYEE SIGNATURE: _____ DATE: _____