

American Workforce Group, Inc.

COWLITZ CO SUBMISSIONS:
CowlitzJobs@AmericanWorkforceGroup.com

Fax: (360) 846 – 1894

THURSTON CO SUBMISSIONS:
ThurstonJobs@AmericanWorkforceGroup.com

Fax: (360) 242 – 8089



DIRECT DEPOSIT AUTHORIZATION FORM

EMPLOYEE NAME: _____ EFFECTIVE DATE: _____

BANK NAME: _____

ROUTING NUMBER: _____ EMAIL PAY STUB ☐

ACCOUNT NUMBER: _____ CHECKING ☐ SAVINGS ☐

I 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 THESE ACCOUNTS. THIS AUTHORIZATION IS TO REMAIN IN FORCE UNTIL AMERICAN WORKFORCE GROUP, INC. THEMSELVES RECEIVE WRITTEN NOTICE FROM ME TO CANCEL OR CHANGE THIS AUTHORIZATION.

EMPLOYEE SIGNATURE: _____

Attach blank voided check in this space.