



Direct Deposit Form

Employee Direct Deposit Authorization

This document must be signed by employee requesting automatic deposit of paychecks and retained on file by Pacific Coast Staffing (employer). Employee is requested to attach a voided check to ensure accuracy of bank account number and bank routing number.

PLEASE PRINT LEGIBLE PLEASE PRINT LEGIBLE PLEASE PRINT LEGIBLE PLEASE PRINT LEGIBLE PLEASE PRINT LEGIBLE

BANK NAME: _____

Account Type (circle one): CHECKING SAVINGS

Bank Routing Number (ABA Routing): _____

Bank Account Number: _____

Percentage or Dollar amount to be deposited to this account: _____

If left BLANK 100% of net paycheck will be deposited to above account

BANK NAME: _____

Account Type (circle one): CHECKING SAVINGS

Bank Routing Number (ABA Routing): _____

Bank Account Number: _____

Percentage or Dollar amount to be deposited to this account: _____

It is recommended that employee attaches a VOIDED check to this authorization form.

AUTHORIZATION

This authorizes Pacific Coast Staffing (employer) to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I(we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transaction authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Employer received a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized Signature: _____ Date: _____

Print Name: _____

Email Address: _____

PCS STAFF USE ONLY

PCS PAYROLL USE ONLY

- ____ Confirmed BANK NAME
- ____ Confirmed BANK ROUTING NUMBER
- ____ Confirmed BANK ACCOUNT NUMBER
- ____ Confirmed LEGIBLE EMAIL ADDRESS

Date Input: _____

Signature

Signature