



ALLSTAFF PAYROLL

2101 N 9th Ave
 Pensacola, FL 32503
 Phone (850) 434-6708
 Fax (850) 432-5724

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

**PLEASE ATTACH A VOIDED CHECK TO VERIFY ROUTING AND ACCOUNT NUMBERS
 INCORRECT ACCOUNT INFO WILL CAUSE YOUR DEPOSIT TO BE REJECTED AND PAY WILL BE DELAYED**

Employer Information:	Company Name	
Employee Information:	Employee Name	Soc. Sec. #
	Street Address	
	City/State/Zip	Phone #
Check One:	<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Institution <input type="checkbox"/> Cancel Participation	
Account #1 Information:	Financial Institution Name	Deposit Account Type
	Routing Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Account Number	Deposit Amount \$ _____ or _____ %
Account #2 Information:	Financial Institution Name	Deposit Account Type
	Routing Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Account Number	Deposit Amount \$ _____ or _____ %

I (we) hereby authorize ALLSTAFF PAYROLL, INC., to initiate credit entries and, if necessary, debit entries to adjust for credit entries made in error to my (our) checking and/or savings account indicated above. I (we) authorize the financial institution named above to credit and/or debit as requested by ALLSTAFF PAYROLL, INC. If I become subject to any attachment, garnishment, or levy; I understand my participation in direct deposit may be terminated, and I would receive a physical check for my pay. In the event of an employee termination, the final pay may be a physical check.

In order to cancel or make changes to your direct deposit, written notice MUST immediately be provided to ALLSTAFF PAYROLL, INC. Please include your name, Social Security number and signature with the request.

ALLSTAFF PAYROLL, INC. will set your direct deposits to arrive in your account on your check date. ALLSTAFF PAYROLL, INC. assumes no responsibility for the date and time in which your banking institution credits funds to your account. ALLSTAFF PAYROLL, INC. reserves the right to override this authorization in accordance with your work site agreement.

Signature: _____ Date: _____

Email Address: _____

(Your email will be used only to send your paystubs to you versus sending a paper stub)