



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

Employer Direct Debit Authorization Form

In order to receive automatic deposits, please complete the following information. For new enrollees and employees changing accounts, **you must attach a voided personal check, if a savings deposit, please provide proper routing number. Print clearly using a pen.**

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	
Financial Institution Information:	Financial Institution Name	Check Account Type
	Street Address	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	City/State/ Zip	Debit Amount \$ _____ / _____ %
	Routing Number	
	Account Number	
Financial Institution Information:	Financial Institution Name	Check Account Type
	Street Address	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	City/State/ Zip	Debit Amount \$ _____ / _____ %
	Routing Number	
	Account Number	

FOR NEW ENROLLMENTS AND CHANGES, A VOIDED CHECK MUST BE ATTACHED TO THIS FORM. (TO VERIFY ROUTING/TRANSIT NUMBERS)

I (we) hereby authorize Allstaff Payroll, Inc., to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any credit entries in error to my (our) checking and/or savings account indicated below and the Financial Institution named above to credit and/or debit the same to such account. If I become subject to any attachment, garnishment, or levies, my participation in Direct Debit may be terminated, and I will receive a check for my pay. In the event of a contract termination, the final payment must be a cashier check.

In order to cancel, you MUST provide written notice to Allstaff Payroll, Inc. prior to payroll run with your name, EIN, and signature with the request to cancel.

Allstaff Payroll, Inc. will send Direct Debits to arrive on your invoice date. Allstaff Payroll, Inc. assumes no responsibility for when your banking institution debits funds from your account and reserves the right to override this authorization in accordance with your work site agreement.

Employer Signature _____ Date _____