



Electronic Funds Transfer Authorization

I hereby authorize Advanced Staffing Associates to directly deposit my pay in the bank account(s) listed below in the percentages specified. (If two accounts are designated, deposits are to be made in whole percentages of pay to total 100%.) I have attached a voided check or deposit slip for each account specified below. This authorization is to remain in force until the company has received written authorization from me of its termination or change.

Account #1 Checking _____ Savings _____ **(Check only one)**

Financial Institution: _____

Street Address: _____

City, State and Zip Code: _____

Personal Account Number: _____

Bank Routing Number _____

Percent of pay to be deposited into this account: _____ %

Account #2 Checking _____ Savings _____ **(Check only one)**

Financial Institution: _____

Street Address: _____

City, State and Zip Code: _____

Personal Account Number: _____

Bank Routing Number _____

Percent of pay to be deposited into this account: _____ %

Employee Signature:

Date:
