



Direct Deposit Authorization Agreement For Checking and Savings

Please return the direct deposit agreement along with a voided check (not a deposit slip) or documentation from your bank confirming the routing and account numbers.

Once we receive your authorization agreement and banking document or voided check we will enter it into the Paychex portal and it usually is effected immediately. The deposit is not guaranteed until 48 hours from the check date. Please note: If we do not receive your approved timecard by 12:00noon on Mondays, your direct deposit cannot be processed until the following pay period. We look forward to working with you.



Direct Deposit Authorization Agreement For Checking and Savings

I hereby authorize my employer, *New Concept Staffing Services, Inc.* to deposit any amount owed me by initiation credit entries to my account at the financial institution (hereinafter referred to as BANK) indicated below. Further, I authorize bank to accept and credit any credit entries indicated by *New Concept Staffing Services, Inc.* to my account. In the event that *New Concept Staffing Services, Inc.* deposits funds erroneously into my account, I authorize *New Concept Staffing Services, Inc.* to debit my account for the amount not to exceed the original amount of the erroneous credit.

Employee Information:

Employee Name _____ Social Security Number _____ - _____ - _____

Start Deposit Change Information

Please indicate which account you would like your deposit to go into. It is your responsibility to verify with your banking institution the information you provide below is correct.

Checking (Attach a voided check or documentation from your bank confirming your account number.

Do not provide a deposit slip.)

Bank Routing Number (9 digits)

Checking Account Number

I wish to deposit (fill in one): \$ _____.00 _____% Net Entire Net Pay

Savings (Please provide bank routing number and your savings account number and documentation from your bank confirming your account number.)

Bank Routing Number

Savings Account Number

I wish to deposit (fill in one): \$ _____.00 _____% Net _____ Entire Net Pay

This authorization is to remain in full force and effect until *New Concept Staffing Services, Inc.* and BANK have received written notice from me of its termination in such time and in such manner as to afford *New Concept Staffing Services, Inc.* and BANK a reasonable opportunity to act on it.

Print Applicant Name

Applicant Signature

Date