



Authorization for Direct Deposit – Employee Form

This authorizes A-Line Staffing Solutions 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 institutions holding the Account to post all such entries. This form serves as an acknowledgement that I have elected to participate in direct deposit voluntarily.

Account #1 \$_____ (Define dollar amount or write "entire check")

Account #1 Type (e.g. Checking or Savings) _____

EMPLOYEE BANK NAME

BRANCH

CITY

STATE

BANK ROUTING # (ABA#)

ACCOUNT #

Account #2 (Optional) Remainder of check

Account #2 Type (e.g. Checking or Savings) _____

EMPLOYEE BANK NAME

BRANCH

CITY

STATE

BANK ROUTING # (ABA#)

ACCOUNT #

This authorization will be in effect until A-Line Staffing Solutions receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature

Printed Name

Date

Please include a voided copy of your check so we can verify account numbers

Fax completed form to 877.782.3444 or email to hr@alinstaffing.com