



DIRECT DEPOSIT

Employee Authorization Form

Please complete the following (Please print)

Employee Name

Social Security #

Employer Name

Name on Bank Account

Bank Name/City and State

Routing Number (9 digits)

Account Number

Type of Account:

Checking

Savings

Please attach cancelled check below:

****Attach cancelled check here****

No Deposit Slips Accepted.

I authorize my employer, First Option Staffing, Alliance Payroll, Inc., and the above referenced financial institution to deposit my pay automatically into the account listed above.

I also authorize adjusting entries as may be required.

Employee Signature

Date