

# Direct Deposit Request



A people 2.0 Affiliate

**NOTE: TO USE THIS SERVICE YOU MUST HAVE AN ACTIVE ACCOUNT IN YOUR NAME AT A BANK OR CREDIT UNION.**

## Instructions:

1. Complete and sign the Authorization Agreement Information section.
2. Complete the Direct Deposit section.
3. Attach a VOIDED check or bank letter to this form. Deposit slips are NOT acceptable.
4. Return this to the payroll representative at your local staffing company office.
5. **Direct deposit of payroll will take effect the week following the date this form is properly submitted.**

## Employee's Authorization Agreement

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I hereby authorize People 2.0 (hereinafter called *Company*) to deposit any amounts owed to me by initiating credit entries to my account at the financial institution listed below (hereinafter called *Bank*). Further, I authorize the Bank to accept and to credit any entries indicated by Company to my account. In the event the Company should deposit funds into my account by error, I authorize the Company to debit my account for an amount not to exceed the original amount of the erroneous credit. This authority is to remain in full force and effect until the Company has received written notification from me of its termination in a manner and time that affords the Company and the Bank a reasonable opportunity to act on it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT NOTE:** The Company cannot guarantee that deposits will be credited at the same time each pay period. It is your responsibility to verify deposits and availability of funds with your bank. The Company cannot be liable for your returned check charges.

## Bank Account Information

Deposit my paycheck to the following account:

**NOTE:** If you opt for Direct Deposit, 100% of your pay must be deposited. Paper checks cannot be issued in combination with Direct Deposit.

**- OR -**

Checking

Bank Name (checking) \_\_\_\_\_  
(attach voided check on current bank account below)

Savings

Bank Name(savings) \_\_\_\_\_  
(attach pre-printed deposit slip or withdrawal form or bank document showing typed or printed account number.)

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**ATTACH VOIDED CHECK OR BANK LETTER FORM HERE:**

**This request cannot be processed if this form is not signed and properly completed.  
Notes and forms with account number hand-written cannot be accepted!**