



DIRECT DEPOSIT AUTHORIZATION

Employee Name: _____

Social Security Number: _____

Client Name: _____

Name of Banking Facility 1:		Checking: <input type="checkbox"/>	Savings: <input type="checkbox"/>
Account Number:		Dollar Amount \$:	
Routing Number:		Percentage:	

Name of Banking Facility 2:		Checking: <input type="checkbox"/>	Savings: <input type="checkbox"/>
Account Number:		Dollar Amount \$:	
Routing Number:		Percentage:	

Please read and sign before submitting: I authorize Advantage Personnel Resources (APR) and the financial institution named to credit my account(s) for direct deposit of payroll and, if necessary, to initiate debits or adjustments for credits made in error. I understand that under NO circumstance will APR be responsible for any overdraft on my account nor provide reimbursement for associated fees. This authority will remain intact until I have cancelled it in writing to APR. In consideration of receipt of each payment by direct deposit, I agree to notify APR immediately of any error in reported hours worked or paid.

*****Attach one of the following for each Direct Deposit*****

- **Checking Account: Copy of a voided check or bank courtesy letter (no deposit slips).**
- **Savings Account: A bank courtesy letter stating: Your Name, Routing #, and Account #.**
- **The designated account(s) must be in your name.**

Signature: _____ Date: _____

***NOTE:** APR is responsible for initialing the electronic deposit transaction scheduled for deposit on your pay date which is processed through the clearing house of the Federal Reserve Bank. If for any reason beyond APR's control your funds are not available on your pay date (ie. your bank's policies, errors caused by banks or financial institutions) APR will not be responsible for any overdrafts or associated fees.*