

IMAGE SERVICES *Staffing*

(757) 499-9221 / Fax (757) 473-8808

DIRECT DEPOSIT AUTHORIZATION FORM

The authorization form provided below gives IMAGE SERVICES Staffing and your financial institution the authority to deposit your pay directly into your account.

1. Fill in your name, your bank's name, location and the date.
2. Mark the box to indicate whether your pay will be deposited in your checking or savings account.
3. Please fill in your bank's routing and account numbers.
4. Please be sure to ***sign the form.***
5. Return the completed form to IMAGE SERVICES *Staffing*.

AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSIT

I authorize IMAGE SERVICES *Staffing* (my employer) and the bank indicated below to deposit my net pay automatically each pay day in the account noted below. If monies to which I am not entitled are deposited to my account, I authorize my employer to direct the bank to return said funds. This authority will remain in effect until I have cancelled it in writing.

Bank Name: _____

Bank Address: _____

City, State, Zip Code: _____

Bank ID Number: _____ Account Number: _____
(Routing Number)

Checking

Savings

Name(Please Print): _____ Date: _____

EMPLOYEE SOCIAL SECURITY NUMBER

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Signature: _____

We work for your success!

South Court Office Park • 464 Investors Place, Suite 106 • Virginia Beach, Virginia 23452