



AUTHORIZATION FOR DIRECT DEPOSIT EMPLOYEE FORM

This authorizes **Palmer Staffing Services** to send credit entries electronically or by any other commercially accepted method, to my account as indicated below. This authorizes the financial institution holding the Account to post all such entries.

Account

Type (check one): Checking Savings

Employee Bank Name

Bank Routing # (ABA#)

Account #

Please attach a voided check here

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

Signature

Printed Name

Date

IMPORTANT: This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Employees must attach a voided check their accounts to help verify their account numbers and bank routing numbers.

Employee: Please fill out and return to your employer.

Employer: Please save for your files only.