

Direct Deposit Request

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.

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 it's 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.

Deposit Information

Deposit my paycheck to the following account(s):

Checking
Bank Name (checking) _____

Savings
Bank Name (savings) _____

Please deposit to checking:

- Entire Net Pay
- _____ % of Net

Please deposit to savings:

- Entire Net Pay
- _____ % of Net

Note: 100% of your paycheck must be deposited. Paper checks will not be issued in combination with any Direct Deposit.

ATTACH VOIDED CHECK OR BANK LETTER HERE:
(Deposit Slips are NOT acceptable.)