



DIRECT DEPOSIT TERMINATION

I hereby request and authorize Team Staffing Solutions, Inc. to TERMINATE my Direct Deposit.

I realize my prior authorization shall remain in full force and effect until I notify Team Staffing Solutions, Inc. or the Depository in writing to terminate **and Team Staffing Solutions, Inc. or Depository has a reasonable time to act on the termination.**

Date _____ Signature _____

SSN# _____ Print Name _____

Bank Name _____ Bank Phone _____

Account Number _____ Checking or Savings (Circle One)

Reason _____