



EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

Employee Name:	Effective Date:
Address:	City / State / Zip:
Birth Date:	Social Security Number:
Phone:	Email:

CHOOSE YOUR METHOD OF DIRECT DEPOSIT:



I request my direct deposit be placed in the following account:

BANK / CREDIT UNION	BANK ABA ROUTING #	ACCOUNT #	TYPE OF ACCOUNT
			<input type="checkbox"/> Savings <input type="checkbox"/> Checking
BANK PHONE:			

It is recommended but not required to provide a voided check or bank document for direct deposit. By NOT providing documentation, the employee agrees not to hold Team Staffing Solutions, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by the employee.

**Please initial that you have read and agree with this statement. _____

OR: **rapid! PayCard Issuance Authorization Form**

 	Financial Institution Name: The Bancorp Bank	
	Direct Deposit Account Number: 933 - _____ <i>(Card ID on front of envelope)</i>	
	To be assigned and entered by TEAM STAFFING SOLUTIONS, INC.	
	Routing Number: 0311-0116-9	

I hereby request and authorize Team Staffing Solutions, Inc. to initiate deposit or credit entries and to initiate, if necessary, withdrawals or debit entries or adjustments for any credit entries in error to my Account identified above, not to exceed the original amount of the credit, and the Depository named above is authorized to credit and/or debit the same to such Account; and/or I hereby authorize Team Staffing Solutions, Inc. to assign a rapid! PayCard and initiate credit entries and any correcting entries to my assigned rapid! PayCard Account. This authorization shall remain in full force and effect until I notify Team Staffing Solutions, Inc. in writing of my intent to cancel and Team Staffing Solutions, Inc. has a reasonable opportunity to act upon the termination.

I understand that Team Staffing Solutions, Inc. reserves the right to refuse any direct deposit request. I also understand that all direct deposits are made through the Automated Clearing House (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

I acknowledge that my pay stub will be made available to me electronically.

Employee Signature: _____ Date: _____

For Company Use Only: TSI _____ TEAM _____ (Check One) Rcv'd By - Team Representative _____ Date _____
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