

**Premier Staffing, Inc.**

**Direct Deposit  
Authorization Form**

I Hereby authorize Premier Staffing, Inc. to initiate credit entries to my account indicated below, and the financial institution named below, hereinafter called Depository, to credit the same such account. I also, authorize the company to initiate debit entries to my account indicated below and the Depository to reverse any credits made to such account in error. This authority is to remain in full force and effect until Company has received written notification from me of its termination.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Financial Institution Number: \_\_\_\_\_

**TYPE OF ACCOUNT: [ ] CHECKING [ ] SAVINGS**

Signature: \_\_\_\_\_

Check One:

[ ] Add - Deposit my pay to the account shown

[ ] Change - Change Financial Institution and/or account number

[ ] Cancel - Stop my participation in the program

**TAPE YOUR VOIDED CHECK HERE**