

Direct Deposit Form



Company Name: CTRUST STAFFING

Employee Name: _____

I authorize Ctrust Staffing and it's affiliates including all financial institution(s) involved in each transaction to deposit my pay automatically to the indicated account(s) and to make adjusting entries including the removal of funds if the employer does not make them available, in which case, I waive any rights I may have to return debit entries to my account and personally guaranty the return of the funds in question.

BANK / CREDIT UNION <i>Routing Number</i>	STATE	TYPE <i>(Circle One)</i>	AMOUNT	ACCOUNT NUMBER
		<input type="radio"/> Checking <input type="radio"/> Saving		
		<input type="radio"/> Checking <input type="radio"/> Saving		
		<input type="radio"/> Checking <input type="radio"/> Saving		

Please Check One:

- New or Additional Direct Deposit
- Change the Bank or Account Number on an Existing Direct Deposit Account
Number to Be Replaced: _____
- Change the amount of an existing Direct Deposit
Amount was: _____ Amount Changed to: _____
- Other (Please Explain):

Please Attach a Voided Check for the Direct Deposit Bank Account as Verification for Each Request.

Deposits are normally available two (2) banking days after payroll is processed. It is my responsibility to verify deposits on a per pay period basis before writing checks against these funds. This Authorization can take up to three (3) pay periods to activate. I understand that neither Ctrust Staffing nor it's affiliates is responsible for bank errors or bank fees. Direct Deposit Financial services are provided in accordance with affiliates Direct Deposit Agreement, and it's affiliates Power of Attorney/Guaranty/Terms and Conditions and the limitations and restrictions of the National Automated Clearing House Association. I may cancel these Direct Deposit(s) at any time.

Signature

Date