

DIRECT DEPOSIT AUTHORIZATION

(Attach copy of voided check or deposit slip)

Employee Name: _____

Social Security #: _____

Financial Institution Name: _____

Financial Institution Address: _____

Financial Institution Telephone: _____

Routing # _____

(Routing number should be 9 numbers. If you are not sure about the number, please contact your bank)

Account # _____

Please indicate: Checking Savings

_____ Yes, I authorize Work Services Corporation and the financial institution named above to automatically deposit my net pay into my account (this includes my authorization to you to reverse any entries made in error) This authority will remain in effect until I give written notice to stop the automatic deposit to my payroll department. I understand that I will receive a check stub in place of my check. Funds will be available for my use at the opening of business on WSC Paydays. I understand that I must notify the Payroll Department at least 10 days in advance of closing any account used for direct deposit. Failure to do so may result in a situation, which could delay receipt of my pay.

Signature

Date

PR Dept.

Date Received