



**DIRECT DEPOSIT**

**Employee Authorization Form**

Please complete the following (Please print):

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Name on Bank Account

\_\_\_\_\_  
Bank Name/City and State

\_\_\_\_\_  
ABA Number (9 digits)

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

Type of Account:       Checking       Savings

Amount to be deposited:       Entire Check  
    Flat Amount: \$\_\_\_\_\_.

Please attach cancelled check below:

\*\*\*\*Attach cancelled check here\*\*\*\*

**No Deposit Slips Accepted.**

I authorize my employer, First Option Staffing, Alliance Payroll, Inc., and the above referenced financial institution to deposit my pay automatically into the account listed above.

I also authorize adjusting entries as may be required.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date