

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

ADVANCED[®]
Staffing, Inc.

COMPANY NAME:

I (we) hereby authorize ADVANCED STAFFING, INC. hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) Checking account Savings account Debit Card (select one) indicated below and the Banking Institution named below to credit and/or debit the same to such account. Please attach a copy of a voided check, deposit stub, or debit card information from your bank with this form. Please fax, mail, email or drop off this form at our office.
 Fax#: 409-835-5554 Address: 2358 Eastex Freeway Beaumont, TX 77703
 Email Address: ASItimecards@advancedstaffinginc.com

BANK NAME:	BRANCH:	
CITY:	STATE:	ZIP:
ROUTING NO.	ACCOUNT NO.	

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it. I also understand that it may take up to two or three pay periods for the Direct Deposit to go into effect. A \$10.00 fee will be charged for all Direct Deposit information that is returned to us for corrections. This fee will be taken from your first check. Please ensure that you turn in the correct information

NAME: _____ S.S. # _____ - _____ - _____

DATE: _____ SIGNATURE _____

All Direct Deposit paystubs are only available online at www.AdvancedStaffingInc.com

DO NOT WRITE BELOW THIS LINE

OFFICE USE ONLY:	DATE:
PRE-NOTE ENTERED	
PRE-NOTE SENT	
CHANGED TO DIRECT DEPOSIT	