

**EDUCATE^{to}ELEVATE**
STAFFING SOLUTIONS

Direct Deposit Authorization

Authorize payroll to deposit your pay directly into your bank account(s).

◆ EMPLOYEE

FULL NAME

EMPLOYEE ID (IF ANY)

EMAIL

PHONE

◆ PRIMARY ACCOUNT

BANK / INSTITUTION NAME

ROUTING NUMBER (9 DIGITS)

ACCOUNT NUMBER

ACCOUNT TYPE:

☐ Checking☐ Savings

DEPOSIT AMOUNT:

☐ Entire net pay☐ Specific \$ amount☐ Percent %

IF PARTIAL — AMOUNT OR %

◆ SECONDARY ACCOUNT (OPTIONAL)

BANK / INSTITUTION NAME

ROUTING NUMBER

ACCOUNT NUMBER

ACCOUNT TYPE:

☐ Checking☐ Savings

AMOUNT OR % TO THIS ACCOUNT

◆ AUTHORIZATION

I authorize Educate to Elevate Staffing Solutions to deposit my pay into the account(s) listed above and, if necessary, to reverse any deposit made in error. This authorization remains in effect until I provide written notice to change or cancel it, allowing reasonable time to act on it.

EMPLOYEE SIGNATURE

DATE