



SIGNATURE

Direct Deposit Authorization

New Revision Cancellation
(Circle one)

Name: _____ SS# _____

Worksite: _____

I authorize Signature Staff Resources to make credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account at the Depository indicated above. The Depository is authorized to credit and/or debit the same to my account. This authorization is to remain in effect until Signature has received written notification of termination from me, and until Signature and the Depository have had a reasonable opportunity to act. **I UNDERSTAND THAT MY ACCOUNT MAY NOT BE CREDITED FOR 2 BUSINESS DAYS FROM CHECK DATE, DEPENDING ON THE FINANCIAL INSTITUTION.**

Name: _____
(name must appear exactly as shown on account)

Account Type: Checking or Savings (circle one)

Name of Bank or Institution: _____

Account Number: _____ Routing Number: _____
(1st 9 digits on lower left of check)

Amount: \$ _____ or Percent % _____

Signature: _____ Date: _____

Please attach a voided check or savings slip