



DIRECT DEPOSIT AUTHORIZATION

Full Legal Name: _____

Address: _____

Social Security Number: _____

Bank Name: _____

Bank Routing number: _____

Account Number: _____

Check the appropriate item:

_____ **Direct deposit.**
The undersigned hereby requests and authorizes Keystone Staffing to deposit the entire amount of my paycheck each pay period directly into the bank account named above.

Deposit to: (circle only one) **CHECKING** **SAVINGS**

Employee Signature

Date

_____ **I would like to *cancel* my deposit authorization.**
The undersigned hereby cancels the authorization for direct deposit previously submitted.

Employee Signature

Date

(Please attach voided check or savings deposit slip.)