

DIRECT DEPOSIT AUTHORIZATION

I, _____ (print name), authorize Precision Human Resource Solutions, Inc. to make payment of my wages by direct deposit. The banking information is as follows:

ACCOUNT #1:

BANK NAME	BANK PHONE #
ACCOUNT #	CHECKING / SAVINGS (circle one)
ROUTING #	AMOUNT

ACCOUNT #2 (If applicable):

BANK NAME	BANK PHONE #
ACCOUNT #	CHECKING / SAVINGS (circle one)
ROUTING #	AMOUNT

NOTE: A voided check from each checking account must be attached to this form. For savings accounts please include dollar amount and please contact your bank for the correct routing number.

I realize that this information will be kept confidential and used only for the purpose for which it is intended and agreed to in this authorization.

I have read the foregoing and warrant that I understand it and consent to the terms stated herein.

(Employee Signature)

(SS#)

(Date)

Return this form and voided check to your Human Resource Representative