



## DIRECT DEPOSIT FORM – EMPLOYEE AUTHORIZATION

<b>Employer / Company Name:</b>	
<b>Employee Name:</b>	<b>Emp #:</b>

I authorize Reichard Staffing and the financial institution(s) listed below to deposit my pay automatically to the indicated account(s) and to make adjusting entries as may be required.

Bank/Credit Union	ST	Type (Circle One)	Amount or Percentage	Routing Number	Account Number
		Checking			
		Savings			
		Checking			
		Savings			
		Checking			
		Savings			

**Please Select One:**

	New or Additional Direct Deposit		
	Change the Bank or Account Number on an Existing Direct Deposit	Account Number to be replaced:	
	Change the Amount of an Existing Direct Deposit	Amount Was:	Amount changed to:
	Other, Please Explain:		

**\*\* PLEASE ATTACH A VOIDED CHECK FOR THE DIRECT DEPOSIT BANK ACCOUNT AS VERIFICATION FOR EACH REQUEST \*\***

It is my responsibility to verify deposits on a per pay period basis before writing checks against these funds. This Authorization can take up to two pay periods to activate. I understand that neither my employer nor Reichard Staffing is responsible for bank errors or fees. I may cancel this Direct Deposit(s) at any time.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_