

DataStaff, Inc.

Direct Deposit Enrollment

First Name: _____ Last Name: _____
Social Security # / EIN: _____ - _____ - _____ Company Name: _____

Account Information:

If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly. The last item must be for the remaining amount owed to you. Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

Bank Name: _____ City: _____ State: _____
Routing/Transit #: _____ Account #: _____
Deposit:
\$ _____ or Entire Net Amount
 Checking Savings Other

Bank Name: _____ City: _____ State: _____
Routing/Transit #: _____ Account #: _____
Deposit:
\$ _____ or Entire Net Amount
 Checking Savings Other

Authorization:

I hereby authorize DataStaff, Inc./PAYCHEX to deposit any amounts owed me by initiating credit entries to my account at the financial institution(s) (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by DataStaff, Inc./PAYCHEX to my account. In the event that DataStaff, Inc./PAYCHEX deposits funds erroneously into my account, I authorize DataStaff, Inc./PAYCHEX to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until DataStaff, Inc./PAYCHEX and my Bank have received written notice from me of its termination in such time and in such manner as to afford DataStaff, Inc./PAYCHEX and my Bank reasonable opportunity to act on it.

I understand that failure to provide accurate banking information may result in a delay in payment. Any returned transactions will be processed on the next business day after funds have been returned to DataStaff.

Signature: _____ Date: _____