# ***ATLANTIC COAST STAFFING***

# **Direct Deposit Agreement Form**

***\*MUST BE FILLED OUT AT TIME OF HIRE\****

I hereby authorize ***ATLANTIC COAST STAFFING*** to initiate automatic deposits to my account at the financial institution named below. I also authorize ***ATLANTIC COAST STAFFING*** to make withdrawals from this account in the event that a credit entry is made in error.

I agree not to hold ***ATLANTIC COAST STAFFING*** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until ***ATLANTIC COAST STAFFING*** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

### Account Information

|  |  |  |
| --- | --- | --- |
| Name of Financial Institution: |  |  |
| Routing Number: |  |  |
| Account Number: |  | [ ]  Checking | [ ]  Savings |

### Signature

|  |  |  |  |
| --- | --- | --- | --- |
| Authorized Signature (Primary): |  | Date: |  |
| Authorized Signature (Joint): |  | Date: |  |

#### *Please attach a voided check or deposit slip, (or a bank direct deposit authorization letter) and return to Payroll Department. (Fax: 804-525-4303) or email to:*

***AtlanticCoastStaffing@gmail.com***

**For those not having a bank account, a pay card will be issued.**

**We are a 100% direct deposit company.**