



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Name: _____

Address: _____

City, State, Zip: _____

Employer: **Parker Staffing Services, LLC**

Employer ID Number: **20-4430668**

Please deposit my paycheck into this account: **BANK NAME** _____

<u>ACCOUNT TYPE</u>	<u>TRANSIT/ABA NUMBER</u>	<u>ACCOUNT NUMBER</u>
<input type="checkbox"/> Checking	_____	_____
<input type="checkbox"/> Savings	_____	_____
<input type="checkbox"/> Other	_____	_____

For Checking Account, please attach your VOIDED CHECK here. *

For Savings Account, please attach your DEPOSIT SLIP here. *

*** NOTE: Failure to attach the appropriate document could result in a delay in your direct deposit.**

I hereby authorize Parker Staffing Services to deposit my paycheck each pay period directly into my account of choice. This authorization will activate my direct deposit on the payroll following receipt by the Payroll Department and remain in effect until I have terminated it in writing or until my employer has notified me that this deposit service is no longer available. If I need to make changes to my account selection, I understand that I must give 10 days advance notice to allow time for making these changes. I authorize my bank to honor my employer's instructions to refund any amount it has deposited to my account.

Signature: _____ Date: _____

Please return Authorization Form with a voided check or savings deposit slip to:
Parker Staffing Services, Payroll Department 605 Fifth Avenue South, Suite 850, Seattle, WA 98104

For internal use only:

This is to set up an **initial** Direct Deposit This is to **revise** a current Direct Deposit

Entered in Staff Suite by: _____ Date: _____