

# Direct Deposit Form

Shannon Staffing Branch \_\_\_\_\_

Staff Member \_\_\_\_\_

Employee Name: \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_

Bank Name \_\_\_\_\_ Routing Number \_\_\_\_\_

Account Type

- Checking Account Number \_\_\_\_\_
- Savings Account Number \_\_\_\_\_

***Employee Authorization***

Effective immediately, I authorize and direct Shannon Staffing to initiate Credit entries to the account listed above. If an incorrect amount is deposited into my account, I authorize Shannon Staffing to make the appropriate adjustment(s). This authorization will remain in effect until Shannon Staffing receives written notice of termination from me in such time and such manner as to afford the Company a reasonable opportunity to act on it. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please scan & submit this completed form to the Payroll Dept**

*Please affix deposit slip or voided check here*

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**Account Verification**

Information current as of \_\_\_\_\_ SSI Staff Initials \_\_\_\_\_ Employee Signature \_\_\_\_\_

Information current as of \_\_\_\_\_ SSI Staff Initials \_\_\_\_\_ Employee Signature \_\_\_\_\_

Information current as of \_\_\_\_\_ SSI Staff Initials \_\_\_\_\_ Employee Signature \_\_\_\_\_