

Infinity Staffing Services, Inc.

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Authorization Agreement

I hereby authorize my employer to deposit my net pay directly into my account identified below and make any necessary debit entries and/or adjustments required to reconcile any credit entries made in error to my account.

I authorize my bank to furnish any information necessary for my employer to facilitate making all payments and adjustments to my account.

I agree that this authorization will remain in effect until I provide written notification to my employer terminating this authorization.

Signature

Type or Print Name: _____ Last 4
of
SSN# _____

Authorized Signature _____ Date: _____

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking Savings

**Please attach a voided check or
copy and return this form.**