

VIKI HALL STAFFING DIRECT DEPOSIT FORM Complete and sign the form below.

Last Name	First Name	
Social Security Number	Work Phone	
Action New Change Cancel	Effective Date Day Year	
Name of Financial Institution		
Account Number	nclude hyphens but omit spaces and special symbols.)	Type of Account Checking Savings
Routing Transit Number	(All 9 boxes must be filled. The first two numbers must be 01 through 12 or 21 through 32.) Self	Account Joint Other
By signing this agreement, I authorize to initiate credit entries to the account indicated above for the purpose of expense and/or payroll. I also authorize to initiate, if necessary, debit entries and adjustments for any credit entries made in error.		
Signature		Date
If the account is a joint account or in someone else's name, that individual must also agree to the terms stated above by signing below.		
Signature		Date
HOW TO COMPLETE THIS FORM		
 Fill in all boxes above. Sign and date the form. 		
Call your financial institution to make sure they will accept direct deposits.	JOHN PUBLIC 123 Main Street Your Town, FL 12345	1234 19
Verify your account number and routing transit number with your financial institution	PAY TO THE ORDER OF	\$
Do not use a deposit slip to verify the routing number.	Your Town Bank Your Town, FL 12345	<u>DOLLARS</u>
Routing Transit Number Account Number	For (250000005): 1(234556789022) *	

NOTE: THE ACCOUNT AND ROUTING NUMBER MAY APPEAR IN DIFFERENT PLACES ON YOUR CHECK.