

## DIRECT DEPOSIT AUTHORIZATION

integ <mark>r</mark> ity				
OUTSOURCE Payroll and HR Solutions	Client Name:			
	Date:		_	
New Authorization	on [	Change of Account	Cancel Autho	orization
MPORTANT! Please rea	d and sign before	completing and submit	ting.	
entries to my account at th accept and to credit any c	ne financial institution redit entries indicate y into my account, I	n (hereinafter "the Bank") ed by Integrity Outsource	e, as instructed by my employed indicated on this form. Further to my account. In the event that urce to debit my account for ar	r, I authorize the Bank to at Integrity Outsource
			source and the Bank have rece grity Outsource and the Bank re	
onfirmation from the b	ank is not attache nancial institution	ed) while Integrity Outse to confirm the validity	siness days (if a voided cource completes a zero dolla of this account. I will receive	r transaction ("pre-note
			posit paystub mailed, there voto be mailed check this box	
Employee Name:				
Signature:			Social Security #:	
	Er	nployee Account	Information	
1. Bank Name:				
Routing & Tran	nsit Number:	Account	Number:	
Checking	Savings	Please deposit: \$	or% or	Entire Net Pay
2. Bank Name:				
			: Number:	
Checking			or% or	Remaining Net
	John & Jane 123 Your Stree Anywhere, US. To The er Of YOUR BANK 123 Your Banl Anywhere, US.	t A 12345	Date	Check Number (is <u>not</u> needed to complete this form)