

# HOW DO YOU WANT YOUR PAY CHECK DELIVERED TO YOU

Please indicate below if you want your pay check mailed to you, if you would like to pick it up yourself or if you want a direct deposit to your savings or checking account. We mail checks or earnings statements on Thursday. We cannot release your paycheck to anyone other than yourself without your written permission and telephone call.

☐ **MAIL**

Name: \_\_\_\_\_ ( ) \_\_\_\_\_  
Please Print Telephone

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ \ \_\_\_\_\_  
Date

☐ **PICK-UP FRIDAY** - After 12:00 Noon & Before 4:30 PM

**SIGNATURE:** \_\_\_\_\_ \ \_\_\_\_\_  
Date

☐ **DIRECT DEPOSIT** – Available only if your assignment is a week or longer.

To enroll in Direct Deposit, fill out this form **attach a voided check** for the checking account (not a deposit slip) in which you want your pay deposited and return it to Staffing Solutions, LLC. If depositing to a savings account, ask your bank to give you the Routing Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

***Important! Please read and sign before completing and submitting.***

I hereby authorize Staffing Solutions, LLC (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

Bank Name/City/State: \_\_\_\_\_

Employee Name: (Print) \_\_\_\_\_ Social Security #: \*\*\*-\*\*-\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ \ \_\_\_\_\_  
Date

**ATTACH VOIDED CHECK TO THIS FORM – Do not tear off the bottom routing and account numbers.**