

Authorization Agreement Employee Direct Deposits

I hereby authorize AMS Staff Leasing / 360 Business Solutions, Inc., hereinafter called the Company, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any debit entries in error to my checking or savings account indicated below and the depository named below, hereinafter called Depository, to credit and/or debit the same to such account.

Bank Information (Please Print)

Bank Name**	Routing #	Account #	Account Type	Amount/ %

****For multiple accounts, please utilize the following fields:**

This authority is to remain in full force and in effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Employee Information (Please Print)

Employee Name			
Social Security #			
Client Company Name			
Employee Signature		Date	

(Must be a signatory on account)

To ensure an expedient process for Direct Deposit,
please call your bank and verify the information given on this form.

WE MUST HAVE A VOIDED CHECK ACCOMPANY THIS FORM.

A COPY OF A CHECK IS NOT ACCEPTABLE.

**A PRE-NOTE WILL TAKE PLACE FOR 7-10 BUSINESS DAYS ON EVERY DIRECT DEPOSIT SETUP. ACTIVATION
MAY TAKE UP TO TWO WEEKS.**