Direct Deposit Agreement Form for

AVAILABILITY Professional Staffing
2813 Coffee Road, Bldg A
Modesto, Ca 95355

Authorization Agreement

I hereby authorize *AVAILABILITY Professional Staffing* to initiate automatic deposits to my account at the financial institution named below. I also authorize *AVAILABILITY Professional Staffing* to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold *AVAILABILITY Professional Staffing* responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until *AVAILABILITY Professional Staffing* receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking ☐ Savings ☐

Signature

Authorized Signature (Primary): _____ **Date:** _____

Print Name: _____ **Date:** _____

****Please attach a voided check in the box below and return this form to:**

AVAILABILITY Professional Staffing

Place voided check here