



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I hereby authorize STAFFERS, INC. to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my:

_____ Checking Account _____ Savings Account

FOR CHECKING ACCOUNT DEPOSIT: ATTACH A VOIDED CHECK

FOR SAVINGS ACCOUNT DEPOSIT: ATTACH A COPY OF A BANK STATEMENT, SAVINGS ACCOUNT CARD OR DEPOSIT SLIP (ALL MUST INCLUDE AN ACCOUNT NUMBER AND A ROUTING NUMBER)

Indicate below account and the depository institution to credit and/or debit the same to such account.

DEPOSITORY (BANK) NAME: _____

BRANCH: _____

CITY _____ **STATE** _____ **ZIP** _____

ACCOUNT: _____

TRANSIT/ABA# (FIRST SET OF DIGITS ON CHECK) _____

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

NAME _____ **SS NUMBER** _____
(PLEASE PRINT)

DATE _____ **SIGNATURE** _____

THE DEADLINE FOR APPLYING FOR OR CANCELLING A DIRECT DEPOSIT FOR THAT SAME WEEK IS MONDAY AT 10:00 A.M.