



Payroll Direct Deposit Authorization Form

Please print and complete **ALL** the information below.

Name: _____

Last 4 of Social Security Number: _____

Address: _____

City, State, Zip: _____

Name of Bank: _____

Account #: _____

9-Digit Routing Number: _____

Type of Account: Checking Savings (Circle One)

Please attach one of the following:

*** voided check**

*** a paper from the bank with account and routing information printed on**

*** screen shot account and routing information from app and email to info below**

Master Staffing is hereby authorized to directly deposit my pay to the account listed above. **This authorization will remain in effect until I modify or cancel in writing.**

Pay stubs will be mailed to above address. It is your responsibility to make sure we have the correct address as well as any address changes. If pay stubs come back in mail as undeliverable you will be removed from DD until address can be verified.

Employee Signature: _____

Date : _____

Email information to michelle@masterstaffing.net