



**SANTA CRUZ
STAFFING**

DIRECT DEPOSIT
AUTHORIZATION AND ORDER FOR PAYROLL CHECK
DEPOSIT IN FINANCIAL INSTITUTION

Date	Employee Name (Last, First, Middle)
Home Address (Street, City, State & Zip)	

Santa Cruz Staffing LLC. is hereby authorized to deposit my pay into my account identified as and held at the financial institution listed below, and certify that such account exists.

I acknowledge that it can take 3 to 5 business days to resolve direct deposit errors and understand that it may take 3 to 5 business days to receive a replacement check to resolve such errors. _____ X (initial please)

This authorization shall remain in effect until I give written notification of any change to my financial institution and/or account number. **I have attached a blank voided check (for deposit to checking account) or deposit slip (for deposit to savings account) solely for the purpose of verifying my account number and the financial institution's transit number. The voided check or savings deposit form must include the employee's name preprinted on the form. If this is not the case, the employee must sign the voided check or deposit form to indicate that this is the account in which their pay should be deposited.**

Please sign and date below. Direct deposit will be effective after 2 to 3 payroll cycles.

Social Security Number	Employee's Signature	Date
TYPE OF ACCOUNT <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	PRIMARY ACCOUNT INFORMATION Financial Institution Name:	Percent/Amount to Deposit:
TYPE OF ACCOUNT <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	OPTIONAL - SECONDARY ACCOUNT INFORMATION Financial Institution Name:	Percent/Amount to Deposit:

ATTACH VOIDED CHECK(S)
(OR SAVINGS DEPOSIT SLIP)