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Direct Deposit Authorization

I authorize Integral Staffing, LLC, and its Agents, including financial institutions, to initiate electronic credit entries (direct deposit) to my checking or savings account listed below. This authorization will remain in effect until I have informed Integral Staffing, LLC in writing that I wish to cancel it and Integral Staffing, LLC has had a reasonable amount of time to process the cancellation.

I understand that direct deposit payroll transfers are initiated on Thursday afternoons. Funds are credited to my account within 2 business days.

My timecard must be received by Integral Staffing, LLC prior to 12:00 PM (noon) on Tuesday. If my timecard is submitted late, I will not be paid until the following week.

Checking Savings (check one)

My Account #: _____

My Bank: _____

Bank Address: _____

Bank City, State, Zip: _____

Bank Phone Number: _____

My Bank's ABA routing #: _____

****My voided check is attached.**

Name: _____

Social Security #: _____

Date: _____

Signature: _____