

Full Service Direct Deposit (FSDD) Enrollment Form

To enroll in Full Service Direct Deposit, simply fill out this form and give it to a Specialized Staffing, Inc. representative. Attach a voided check-not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check detailing where the information necessary to complete this form can be found.

SAMPLE CHECK		0001
DATE _____		
PAY TO THE ORDER OF _____	\$ _____	
_____		DOLLARS
MEMO _____		
⑆ 123456789 : 0123456789 ⑆ 0001		
Routing Number	Account Number	

Important! Please read and sign before completing and submitting.

I hereby authorize my employer (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security #: _____

Employee Signature: _____ Date: _____

Account Information: *Please complete all information below*

Bank Name/City/State: _____

Routing/Transit #: _____ Account Number: _____

☐ Checking

☐ Savings