



Employee Direct Deposit

Employee Instruction:

1. Complete the employee required information section.
2. Complete the Direct Deposit sections to specify where you want you pay deposited.
3. Sign the bottom of the form.
4. Retain a copy for yourself and return the original to your employer.

Employer Instructions:

1. Complete the employer required information section.
2. File the original in employee's personnel file.

DSI Use Only

Account No. _____

Routing/Transit No. _____

EMPLOYEE – Required Information

PLEASE PRINT
Employee Name _____

Social Security No. _____ - _____ - _____

Preferred Language English Spanish

EMPLOYER – Required Information

PLEASE PRINT
Client Name _____

Branch/Client No. _____ - _____

Federal ID No. _____

Complete for DIRECT DEPOSIT

<input type="radio"/> I would like my wages deposited to the bank account attached. <input type="radio"/> Checking Bank Name _____ <i>(Attach only a void check, bank letter, or specification sheet. No deposit tickets allowed.)</i> I wish to deposit (check one): <input type="radio"/> Entire Net Pay <input type="radio"/> _____% of Net <input type="radio"/> Specific Dollar Amount \$_____.00	<input type="radio"/> Savings Bank Name _____ <i>(Attach only a void check, bank letter, or specification sheet. No deposit tickets allowed.)</i> I wish to deposit (check one): <input type="radio"/> Entire Net Pay <input type="radio"/> _____% of Net <input type="radio"/> Specific Dollar Amount \$_____.00
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ATTACH A VOIDED CHECK HERE

I, _____, hereby authorize Dynamic Staffing, Inc. to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated above. Further, I authorize BANK to accept and to credit entries indicated by Dynamic Staffing, Inc. to my account. In the event that Dynamic Staffing, Inc. deposits funds erroneously into my account; I authorize Dynamic Staffing, Inc. to debit my account for an amount not to exceed the original amount of the erroneous credit.

For my convenience, I request that Dynamic Staffing, Inc. (hereinafter DSI) directly deposit my wages/salary earned from DSI into my bank account. I agree to hold DSI harmless from loss and to indemnify it limited to the amount of the deposit.

Any dispute arising out of or in connection with this agreement, if not otherwise resolved, shall be determined by arbitration in Rochester, New York, in accordance with the Rules of the American Arbitration Association, and it is the expressed desire of both parties that the prevailing party be awarded costs and attorney's fees and that the award be entered as a judgment in any jurisdiction in which the non-prevailing party does business.

This authorization is to remain in full force and effect until Dynamic Staffing, Inc. and BANK have received written notice from me of its termination in such time and in such manner as to afford Dynamic Staffing, Inc. and BANK a reasonable opportunity to act on it.

Employee Signature _____ Date ____/____/____ **Return this original form to your employer**