



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **AHS Staffing, LLC** to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold **AHS Staffing, LLC** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **AHS Staffing, LLC** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ **Date:** _____

Authorized Signature (Joint): _____ **Date:** _____

Please attach a copy of a voided check and return this form to the Payroll Department.