

A1 STAFFING AGENCY, LLC,

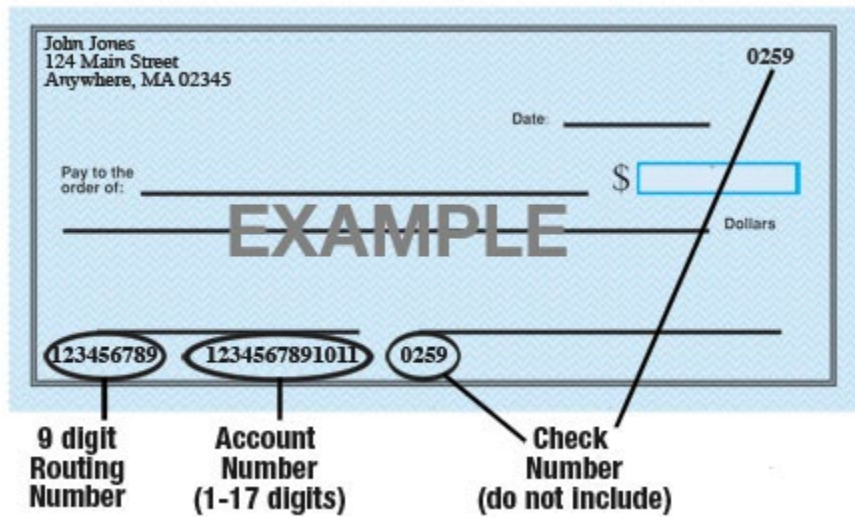
DIRECT DEPOSIT AUTHORIZATION FORM

Please legibly print and complete ALL of the information below.

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Type of Account: Checking Savings **(Circle One)**

Please attach a voided check for each bank account to which funds should be deposited.

A1 Staffing Agency LLC is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: _____

Date: _____