maristaff incorporated

# *AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT*

**COMPANY** NAME: MARISTAFF, INC.

I (we) hereby authorize MARISTAFF, INC, hereinafter called COMPANY, to initiate credit entries to my/our (  ) checking (  ) savings account {select one} indicated below at the depository named below, hereinafter called DEPOSITORY, to credit the same to such account.

ATTACH A VOIDED CHECK or SAVINGS ACCOUNT DEPOSIT SLIP FOR THE BELOW NAMED DEPOSITORY. (THE CHECK OR SAVINGS DEPOSIT SLIP MUST HAVE YOUR ROUTING NUMBER AND ACCOUNT NUMBER PRINTED ON IT)

DEPOSITORY: Bank Information

NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING NO: _____,_____,_____,_____,_____,_____,_____,_____,_____ (9TH Character is check digit)
1 2 3 4 5 6 7 8 9

ACCOUNT NO: _____

☐ Checking Account

☐ Savings Account (Indicate Amount to Transfer Per Week) $_____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Personal Information:

NAME(s): _____ ID NO: _____
Social Security Number

DATE: _____ SIGNED: _____

DATE: _____ SIGNED: _____

(2nd signature is required if a joint account)

Note: all written credit authorizations should provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

For Corporate Use Only:
Date Received _____ Date Processed _____
Web Enabled _____