

LarsenBrown

Staffing, LLC

DIRECT DEPOSIT AUTHORIZATION FORM

Payroll Office ...210 East 23rd Street, 3rd Floor, NY NY 10010

____ START: I authorize you and the financial institution listed below to deposit my net pay automatically to my account each payday, and to initiate adjustments, if necessary, for any entries made in error to my accounts.

____ CHANGE Checking/Savings: I authorize you to change my direct deposit to the account at the financial institution listed below.

____ STOP: I authorize you to stop the direct deposit of my net paycheck.
____ Checking Account ____ Savings Account

PLEASE TAPE A VOIDED CHECK OR COPY OF SAME IN THE SPACE BELOW

PLEASE TAPE VOIDED CHECK HERE

BANK INFORMATION

1. Account for NET:

NAME OF BANK: _____ ACCOUNT NUMBER: _____ ROUTING NUMBER: _____
TYPE OF ACCOUNT: Please circle one CHECK SAVINGS CHECK SAVINGS

PERSONAL INFORMATION

NAME (Please Print): _____

SOCIAL SECURITY NUMBER: _____ DAYTIME PHONE: _____

SIGNATURE: _____ DATE: _____

Important Notification