



Authorization Agreement for Direct Deposit

I hereby authorize New Day Staffing, Inc. to initiate credit entries into either my:

Checking Account (*Requires a voided check*) **or** Savings Account (*Requires a deposit slip*)

Bank Information (please print):

The Name of Your Bank:	
Address of Your Bank (if address unknown, which city is your branch located in):	
Routing Number	Branch Phone Number (if known):
Account Number	

Employee Information

Your Name (please print):	Your Signature:	Today's Date:
Other Signer Name on Account Name (please print):		
Other Signer Name Signature:	Today's Date:	

Other Important Considerations:

- You can expect credits to post to your account within 2 full payroll weeks of our receipt of this authorization form. It may be sooner, so please check your bank account.
- Be certain that funds have been posted to your account prior to drawing on those funds. We recommend that you verify the posting of your funds on a weekly basis. We reserve the right to make adjusts due to posting errors.
- Please make provisions in the unlikely event that a system shutdown may have caused a delay in the transference of funds.
- **Some holidays will delay the transference of funds by one business day. When in doubt, call our office at 619-481-5400.**
- If you change banks or accounts we must be notified two weeks prior to this change.

Your signature above is your agreement to the terms and conditions of this authorization for direct deposit and will remain in full force and effect until New Day Staffing, Inc. has received written notification from you of its termination.