

Direct Deposit Agreement

Employee Name: _____

Social Security Number: _____

Financial Institution Name: _____

Account #: _____ Checking

Routing #: _____ Savings

This form is used for the authorization of direct deposit for all employees of Fusion Staffing.

Attach a voided check, an account deposit ticket, or a copy of your bank's direct deposit authorization form here.

This form will be returned to you unprocessed if it is not completed and one of the above items is not attached as requested.

*****Please Note*****

You are responsible for verifying the account number and the bank routing number for this form with your bank. Providing incorrect numbers will delay the direct deposit funds from being deposited into your account. If the funds are returned to our bank it may take up to seven (7) days for funds to be processed back to us and for a check to be reissued to you.

This direct deposit will be effective within three (3) weeks of the date received by the payroll department. Employees should verify the first direct deposit transaction with their financial institution once they receive their payroll direct deposit advice.

Authorization

I hereby authorize Fusion Staffing to initiate direct deposit payroll credit entries to my checking or savings account, as indicated above, and for the financial institution above to post the same to the listed account.

This authorization is to remain in force until Fusion Staffing receives a notice of cancellation form from me or until an inactive period of 90 consecutive days occurs in my employment with Fusion Staffing. Completed cancellation forms must be received fourteen (14) days prior to the date I wish the cancellation to become effective. To continue direct deposit a new enrollment form will be required if an inactive period of 90 consecutive days occurs. I further authorize Fusion Staffing to initiate such debit entries to said account as to correct any erroneous credit entries previously initiated. I also authorize the financial institution to accept and credit or debit the amount of such entries to my account. All entries initiated are governed by the rules of the Mid-American Payment Exchange as are in effect now or hereafter.

Employee Signature: _____ Date: _____



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ACQUISITION"

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