

AUTHORIZATION FOR DIRECT DEPOSIT OF NET PAY (ACH CREDITS)

I hereby authorize Stafkings of Binghamton, Inc., hereinafter called **Stafkings**, to initiate credit entries to my Checking Account Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called **Depository**, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository
Name _____ Branch _____
City _____ State _____ Zip _____
Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until Stafkings has received written notification from me of its termination in such time and in such manner as to afford Stafkings and Depository a reasonable opportunity to act on it.

Name _____ SS # _____
(please print)

Date _____ Signature _____

I hereby request Stafkings to provide my weekly remittance advice to the following email address:
Email _____

Attach voided check containing your account
and routing numbers here.