



Employee Direct Deposit Authorization Form

Photocopy this form and distribute a copy to each employee participating in Direct Deposit,

Account One	Bank Name
	Bank Address
	Bank City, State, Zip
	Routing/Transit No.
	Account No.

___ Savings

___ Checking

Staple Voided Check Here

I authorize my employer, BOLT Staffing Service, Inc and its Agents, including Financial Institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed above. This authorization will remain in effect until I have informed my employer in writing that I wish to cancel it and my employer has had reasonable time to effect such cancellation.

Employee Name _____

Employee Signature _____

Date _____

Do NOT send or fax to National Payment Corporation!

To be retained by Employer. Keep in your Employee files.