

Direct Deposit Authorization SouthEast Personnel Leasing

Name: _____ Soc Sec #: _____ - _____ - _____

Client Company: _____

Name of Banking Facility	Checking <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
Account Number	Dollar Amount \$ _____	
Routing Number	Percentage _____ 100 _____ %	

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Please Note: Funds transferred by electronic transmission normally post to accounts in two to three working days after the payroll is processed. Employee remains responsible for verifying that the funds are deposited, clear and are available prior to writing checks or debiting account versus any automatically transmitted amount.

Very Important:

Please attach one of the following for each direct deposit:

- ❖ **Voided Check** or copy of a Check; or
- ❖ Copy of Banking Facility ID Card (for savings accounts)

*Please allow one to two weeks for initial set up (One weeks notice for any changes.)

I grant my employer the right to correct any electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Signature: _____ Date: _____ / _____ / _____