PERFECT TIMING
PERSONNEL SERVICES, INC.

Direct Deposit Authorization Agreement

☐ Begin Direct Deposit	☐ Change Information	☐ Cancel Deposit

Beginning Direct Deposit as well as making a change to a pre-existing Direct Deposit account takes a minimum of 3 weeks to go into effect. Cancellation of an established account requires a minimum 1 week notice and for this form to be resubmitted.

You must provide a voided check for this application to be accepted.

Employee Name

Account Information	
Select either Checking or Savings Only	
☐ Checking Account	☐ Savings Account
Name of Bank:	
Account Number	
Transit Routing Number (String of 9 numbers)	

I authorize **Perfect Timing Personnel** to deposit my Net Check and initiate credits (and corrections to previous credits) to the financial institution designated above. This authorization will remain in effect until I give written notice to **Perfect Timing Personnel** either to change or terminate this authorization**.**

By signing this form you verify the information you provided above is correct and that you have read and understood the terms of this document. Your signature also authorizes **Perfect Timing Personnel** to deduct **$20.00** for each bank fee incurred due to incorrect information or an invalid account from your next paycheck.

Please fax this signed form to (415) 461-7551.

Employee's Signature | Phone # | Date

To Be Completed By Payroll Department

Date Received | Date Entered | Effective Date

Entered By _____ Checked By _____

Print This Form