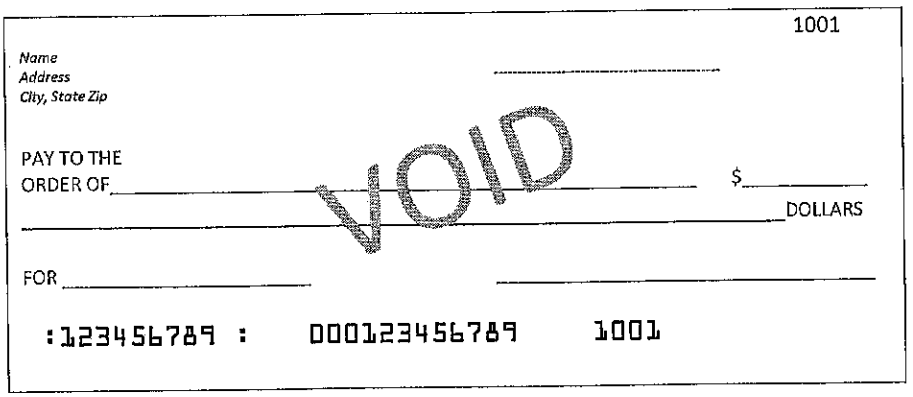
STAKER | PARSON
COMPANIES

DIRECT DEPOSIT AUTHORIZATION

ACCOUNT		ACCOUNT	
Bank Name:		Bank Name:	
Routing #:		Routing #:	
Account #:		Account #:	
Account Type:	☐ Checking ☐ Savings	Account Type:	☐ Checking ☐ Savings
I would like to:	☐ **START** payment to this account for: ☐ Entire check amount (100%) ☐ Partial check amount of $_____ *(Remaining balance to primary account)* ☐ **CHANGE** payment amount to this account From $_____ To $_____ ☐ **STOP** all payment to this account	I would like to:	☐ **START** payment to this account for: ☐ Entire check amount (100%) ☐ Partial check amount of $_____ *(Remaining balance to primary account)* ☐ **CHANGE** payment amount to this account From $_____ To $_____ ☐ **STOP** all payment to this account

All new accounts and account changes will be subject to a **three (3) week pre-note period** (approx.) before funds are distributed to the account. Employee checks will be mailed during this time. ***Please update mailing address if needed***

A check marked **VOID** is required for all new accounts. Paste HERE:



ROUTING # ACCOUNT #

I hereby authorize Staker & Parson Companies and affiliates to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated. I also authorize the named depository to credit and/or debit the same to my account. I understand that I will receive an earnings slip showing gross pay and itemized deductions each pay period. This authorization is to remain in full force and effect until COMPANY and/or BANK has received written notice from me of its termination in such time and in such manner as to afford COMPANY and/or BANK a reasonable opportunity to act on it.

Name (print): _____ Employee #: _____

Signature: _____ Date: _____

HUMAN RESOURCE OFFICE:	
Received (date/initial):	Processed (date/initial):