



Direct Deposit Authorization Agreement

Place a voided check over the section below for direct deposit into a Checking Account. If you do not have a voided check available, or would like to have your check directly deposited into a Savings Account, you must provide a statement from your bank with the appropriate information. The statement from the bank must have the routing and ABA numbers. If a voided check or statement is not provided, the employee will receive a hard check by mail according to payroll policy.

**Voided Check
First Account**

Type of Account: _____ Amount: _____ or % of check : _____

**Voided Check
Second Account**

Type of Account: _____ Amount: _____ or % of check : _____

Employee Information:

Name: _____ Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ SSN: _____

I authorize ProHealth Staffing, to make deposits to my bank account. In the unlikely event of a deposit error, I will authorize the company to make adjustments to correct the error.

Employee Signature: _____ Date: _____