



NEW: _____

CHANGE: _____

STOP: _____

EMPLOYEE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Name: _____

I hereby authorize KJM Staffing Solutions LLC to initiate and make credit entries and debit entries (for the purpose of adjusting any credit entries made in error to my account) at the indicated financial institution and I hereby authorize the indicated financial institution to accept and post such entries to my account. The forgoing authorization is solely for the purpose of facilitating automatic payroll deposit.

IMPORTANT: I understand it may take up to forty-eight (48) hours after KJM Staffing Solutions LLC transmits my funds before they are posted to my account. Further, I understand that it is my responsibility to verify the crediting of funds by my financial institution prior to writing checks against my account.

This authorization is effective until I cancel my direct deposit, by delivering written notice of cancellation to KJM Staffing Solution at least five business days prior to the desired termination date. However, I understand that this authorization will automatically become inactive on the first of the month following ninety (90) consecutive days of inactivity. After becoming inactive, I will have to complete a new Authorization Agreement before KJM Staffing Solutions will initiate any further automatic payroll deposits. KJM Staffing Solutions may terminate this authorization agreement at any time. I hereby authorize KJM Staffing Solutions to provide a copy of this authorization only as necessary for purposes of automatic payroll deduction.

NAME OF BANK _____

CITY/STATE/ZIP _____

TELEPHONE _____

ACCOUNT # _____

ROUTING # _____

SAVINGS or CHECKING: _____

ATTACH VOIDED CHECK HERE

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