



P.O. Box 186
Luling, LA 70070
985-785-6857
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www.ampmstaffing.com

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Your Name: _____ Your SSN: _____

Your Start Date: _____

Email address (to provide pay stubs): _____

I hereby authorize AMPM to initiate credit entries and to initiate, if necessary, debt entries and adjustments for any credit entries in error to my (check one)

Checking Account

Savings Account

at the depository financial institution named below, hereinafter called depository, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U. S. Law.

Bank Name: _____

Bank Phone Number: _____

I have verified with my bank Routing and Account Numbers.

Signature: _____

Routing Number: _____

Account Number: _____

IMPORTANT: ATTACH A VOIDED CHECK FOR THE ABOVE REFERENCED ACCOUNT.

Checks must have printed employee's name. If you are unable to provide a check, a typewritten letter from the banking institution with the employee's name, routing number, and account number will be accepted. Deposit slips WILL NOT be accepted.

TW

Pre-note Date _____