



**AM-PM STAFFING SERVICES**  
P. O. Box 186 • 13505 River Road • Luling, Louisiana 70070  
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WWW.AMPMSTAFFING.COM

## DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Your Name: \_\_\_\_\_  
(print)

Your Start Date: \_\_\_\_\_ Your SSN: \_\_\_\_\_

Email address (to provide pay stubs): \_\_\_\_\_

I hereby authorize AMPM to initiate credit entries and to initiate, if necessary, debit 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: \_\_\_\_\_

I have verified with my bank Routing and Account numbers.

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Checks must have employee's name printed. 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 can also be accepted. Deposit slips WILL NOT be accepted.

TW

Pre-note Date \_\_\_\_\_