

# Direct Deposit Authorization

I hereby authorize and give full permission to any/all affiliates and/or subsidiaries of AP Staffing Solutions LLC; Access Employer Staffing Services, LLC; Access Jackson Employer Services LLC; hereinafter referred to as "AccessPoint" and/or "Employer," to begin depositing the amounts prescribed above from my paycheck in the accounts listed. I understand that the "Pre-Note" process required by the bank will take three to four weeks to complete. The first direct deposit transaction will take effect the week following the approval of the "Pre-Note."

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_ Checking Account #: \_\_\_\_\_

**OR**

Bank Routing #: \_\_\_\_\_ Savings Account #: \_\_\_\_\_

\_\_\_\_\_  
Associate

\_\_\_\_\_  
Date

**Note: Please include a voided check for account number verification**

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For office use only

Pre-note Date: \_\_\_\_\_ Approval: \_\_\_\_\_ Direct Deposit Date: \_\_\_\_\_

**DO NOT STAPLE INFORMATION OVER THE ABOVE NEEDED PRENOTE INFORMATION.  
STAPLES BELOW THIS LINE**

