



Direct Deposit Authorization

Please print all information:

(A voided check must be attached for each account and each account must be listed separately)

Date:

I would like to receive my pay advice online.		☒ Online Pay Advice	
Name:		SSN:	
Account #1	Add ☐	Change ☐	Cancel ☐
Bank Name:	Checking ☐	Savings ☐	\$ Amount: ☐
Address:			
Contact:		Phone Number:	
Routing/Transit Number (obtained from bank):			
Account Number:			
Account #2	Add ☐	Change ☐	Cancel ☐
Bank Name:	Checking ☐	Savings ☐	\$ Amount: ☐
Address:			
Contact:		Phone Number:	
Routing/Transit Number (obtained from bank):			
Account Number:			
Account #3	Add ☐	Change ☐	Cancel ☐
Bank Name:	Checking ☐	Savings ☐	\$ Amount: ☐
Address:			
Contact:		Phone Number:	
Routing/Transit Number (obtained from bank):			
Account Number:			

Please note: It is very important that you accurately complete this form in order to facilitate the successful transfer of funds to the chosen accounts*. You must include the phone number of your bank's branch office to allow us to communicate with that office and resolve issues or concerns. By signing this form you agree to have any amounts owed to you credited directly to the accounts you have listed above. In the event the company deposits funds erroneously into your account, you authorize the company to debit your account for an amount not to exceed the original amount of the erroneous credit.

Please allow three (3) weeks to activate all new direct deposits and changes. It is your responsibility to verify the weekly receipt of your funds directly with your financial institution prior to drawing on those funds. If there has been a period of time after termination and re-hiring, your direct deposit will automatically revert to the pre-note stage, therefore it will also take approximately three (3) weeks to activate.

*Allegis Group, Inc. and its subsidiaries are not responsible for delays or unsuccessful transfers resulting from incomplete or incorrect information; therefore, please confirm the information above with your banking institution prior to submitting this authorization.

Employee Signature

Date