

PREMIER

P E R S O N N E L

DIRECT DEPOSIT APPLICATION

PLEASE PRINT:

EMPLOYEE NAME: _____

SOCIAL SECURITY NO: _____

I hereby authorize my employer, Premier Personnel, to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated below. Further, I authorize BANK to accept and to credit any credit entries indicated by Premier Personnel to my account. In the event that Premier Personnel deposits funds erroneously into my account, I authorize Premier Personnel to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Premier Personnel and BANK have received written notice from me of its termination in such time and such manner as to afford Premier Personnel and BANK a reasonable opportunity to act on it.

I would like my wages/salary deposited to the following bank account. *Attach a copy of a voided check, bank letter or specification sheet. Deposit tickets not accepted.*

Bank Name: _____

Account Number: _____

Please circle one: **Checking** **Savings**

Employee Signature _____ Date _____

RETAIN A COPY OF THIS FORM. FOLD AND SEAL THE ORIGINAL (TAPE OR STAPLE) AND RETURN TO:

**PAYROLL PROCESSING
PREMIER PERSONNEL
1701 K STREET, NW SUITE 315
WASHINGTON, DC 20006**