

AUTHORIZATION FOR DIRECT DEPOSIT OF NET PAY (ACH CREDITS)

I hereby authorize Stafkings of Binghamton, Inc., hereinafter called **Stafkings**, to initiate credit entries to my Checking Account Savings Account (select one) indicated below at the depository financial institution named below, hereafter 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 U.S. law.

Depository Name _____	Branch _____
City _____	State _____ Zip _____
Routing Number _____	Account Number _____

This authorization is to remain in full force and effect until Stafkings has received written notification from me of its termination in such time and in such manner as to afford Stafkings and Depository a reasonable opportunity to act on it.

Name _____ (please print)	SS # _____
Date _____	Signature _____
<input type="checkbox"/> I hereby request Stafkings to provide my weekly remittance advice to the following email address:	
Email _____	

Attach voided check containing your account
and routing numbers here.