



# DIRECT DEPOSIT AUTHORIZATION FORM

## INSTRUCTIONS

To enroll in direct deposit at no charge, complete this authorization form, attach a voided check or other supporting documentation for verification of financial institution information. Once complete, submit the form and supporting documentation to Manpower. The form gives Manpower authority to deposit your pay into the specified account(s).

## SECTION ONE: EMPLOYEE INFORMATION

Social Security Number:       -	Last Name: 	First Name: 
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## SECTION TWO: FINANCIAL INFORMATION

		<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> CANCEL
Financial Institution:		City:	State:	
<input type="checkbox"/> Savings	Account Number 	Transit ABA Number 	Bank Phone Number 	
<input type="checkbox"/> Checking				

## SECTION THREE: ATTACH SUPPORTING DOCUMENTATION HERE

ATTACH SUPPORTING DOCUMENTATION SUCH AS A VOIDED PERSONAL CHECK, SAVINGS DEPOSIT SLIP, LETTER FROM THE BANK, OR VISA PAYCARD CONFIRMATION.

## SECTION FOUR: OPTIONAL ADDITIONAL FINANCIAL INFORMATION (if applicable)

Additional Account - Optional		<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> CANCEL
Financial Institution:		City:	State:	
<input type="checkbox"/> Savings	Account Number 	Transit ABA Number 	Bank Phone Number 	
<input type="checkbox"/> Checking				
Select the distribution of net for your account by choosing a distribution percentage OR a flat amount. These fields do not apply to you if you are only choosing one account for which to have your pay deposited.				
	Percentage of Net to be deposited (if applicable):       %	Flat Amount to be deposited (if applicable):               .00		

Additional Account - Optional		<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> CANCEL
Financial Institution:		City:	State:	
<input type="checkbox"/> Savings	Account Number 	Transit ABA Number 	Bank Phone Number 	
<input type="checkbox"/> Checking				
Select the distribution of net for your account by choosing a distribution percentage OR a flat amount. These fields do not apply to you if you are only choosing one account for which to have your pay deposited.				
	Percentage of Net to be deposited (if applicable):       %	Flat Amount to be deposited (if applicable):               .00		

## SECTION FIVE: EMPLOYEE AUTHORIZATION & SIGNATURE

I hereby authorize my employer to initiate credit entries to my account as indicated above. If funds to which I am not entitled are deposited in my account, I authorize my employer to direct the institution to return said funds. This authority is to remain in effect until the company has received timely written notice from me of termination. I understand I am responsible for the validity of the information on this form and for keeping my employer aware of all changes in banking arrangements.

Employee Signature	Date
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## SECTION SIX: INTERNAL USE ONLY

Enter your five digit Business Unit Number	
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