



Direct Deposit Authorization

Directions — To sign up for Direct Deposit, fill out Section 1. Then take this form to your financial institution. They must verify the information in Section 1 and complete Section 2. The completed form must be returned to Express before Direct Deposit can be initiated.

Section 1:

Name: _____ Soc. Sec. Number: _____

Address: _____ Apartment Number: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____

I hereby authorize Express Employment Professionals to deposit funds into the account indicated below. I also authorize Express, if necessary, to withdraw funds from the account below to correct any errors. This authority is to remain in full force and effective until Express receives written notice from me to terminate the direct deposit, allowing a reasonable amount of time for Express and the financial institution to act. I accept responsibility for notifying Express of any change to my account's status. I also understand that changes will take three (3) weeks and that regular (paper) checks will be distributed during this three-week period.

Funds can only be deposited into one account, checking or savings. Please select your direct deposit account type: **Checking** or **Savings**

Associate Signature

Date

Express Representative Signature

Date

Office Number

Section 2: (This section MUST be filled out by your financial institution)

Bank (Financial Institution): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Please enter account numbers **EXACTLY** as they need to appear.

Receiver's Account Number: _____

Receiver's 9-Digit Routing Number: _____

Bank Representative Name

Signature

Date

Bank representative's signature required for processing.