

***Please include a voided check**

Employee Direct Deposit Authorization

Texas Select Staffing, LLC

Employee Name: _____ Social Security #: _____

Address: _____ Birth Date: _____

City/State/ZIP: _____ Effective Date: _____

Email Address: _____

I request my payroll deduction / direct deposit be placed in the following account(s):

Institution Name	Bank ABA #	Account #	Deduction Amount/Net Pay	Type of Account
	#	#	\$ OR <input type="checkbox"/> 100%	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
	#	#	\$ OR <input type="checkbox"/> 100%	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
	#	#	\$ OR <input type="checkbox"/> 100%	<input type="checkbox"/> Savings <input type="checkbox"/> Checking

For Pay Card, please use designation below:

Stillwater National Bank & Trust	103101437	Customer ID#	\$ OR <input type="checkbox"/> 100%	<input type="checkbox"/> Rapid Paycard
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PLEASE PROVIDE A VOIDED CHECK FOR EACH CHECKING ACCOUNT LISTED ABOVE WITH THE EXCEPTION OF THE PAY CARD.

I authorize Networkers Funding, LLC to withhold the indicated amount(s), if available, from my pay, and deposit directly into the account(s)/pay card shown. The direct deposit(s) will be made on each payday, unless I notify Networkers Funding, LLC in writing of my intent to cancel. Upon Networkers Funding, LLC's receipt of a request to cancel a direct deposit authorization, it shall become effective after a reasonable opportunity to act upon it.

In the event funds are deposited erroneously into my account, I authorize Networkers Funding, LLC to debit my account(s) not to exceed the original amount of the credit.

I understand that Networkers Funding, LLC reserves the right to refuse any direct deposit request. I also understand that all direct deposits are made through the automated clearing house (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

Note: *If sending this form electronically, please type your initials and the last 4 letters of your social security number in the signature field. If sending or faxing a paper copy, please print out and sign your name(s) in the signature box.*

Employee Signature: _____ Date: _____