

When using this form it is best to type your information so that our staff can easily read you account info.

JM Staffing
(909) 599-1494
Fax: 909 599-3598

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize JM Temporary Services and Affiliates (JM Staffing) to initiate automatic deposits to my account at the financial institution named below. I also authorize JM Staffing to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold JM Staffing responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until JM Staffing receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Print Name _____

Email Address (for ADP access) _____

Birth Date (for ADP access) ____/____/____

Social Security Number: _____

Please attach a voided check here.

If you do not attach a voided check or a bank print out with your account and routing numbers, your form will not be accepted.