



LaneStaffing

Big Business Solutions. Small Business Flexibility

Authorization for Automatic Payroll Deposit

Name		Social Security No.		Office Branch (HOU or DALLAS)	
Business Group Name/Market	Accounting Branch ID (LES,FAB,AMA,LBI,ROLLOVER)		Date of Hire	Pay Card Customer ID	

Instructions: Complete each box on this form.
 RETURN THIS FORM AND A **VOIDED PERSONALIZED CHECK** or **STATEMENT FROM BANK** (no deposit slips)
 FOR THE ACCOUNT LISTED BELOW TO PAYROLL

NAME OF FINANCIAL INSTITUTION	TRANSIT ROUTING NUMBER	ACCOUNT NUMBER	CHECKING OR SAVINGS ACCOUNT	
			C	S

NOTIFY PAYROLL SERVICES OF ANY CHANGES IN ACCOUNT STATUS IMMEDIATELY
 FAILURE TO DO SO WILL RESULT IN DELAY OF PAYMENT NO EXCEPTIONS

AUTHORIZATION

I authorize LaneStaffing and my financial institution to automatically deposit my net payroll via electronic transfer. If pay or reimbursements to which I am not entitled are deposited to my account, my employer may direct my financial institution to return said funds. Should my account be closed or contain insufficient funds to allow for a deduction of the amount deposited LaneStaffing may withhold any portion of my compensation or expense reimbursement owed to me until such amount is repaid. If I am no longer employed by LaneStaffing and my account is closed or contains insufficient funds for this deduction, I agree to repay any amount paid to me within two (2) weeks of written notification from LaneStaffing that an error was made. I agree that LaneStaffing shall be entitled to recover from me any attorney's fees it incurs should I fail to repay the funds within that time period.

*****LANESTAFFING WILL SEND A PRE-NOTE IN THE AMOUNT OF \$0.01 IT IS YOUR RESPONSIBILITY TO SEND A CONFIRMATION EMAIL TO LANEACCOUNTING@LANESTAFF.COM TO INFORM US WHEN THE PRE-NOTE IS RECEIVED BY YOUR ACCOUNT. IF WE DO NOT RECEIVE THE CONFIRMATION EMAIL WE WILL AUTOMATICALLY ISSUE A PAYCARD TO YOU FOR DIRECT DEPOSIT.**

CHANGE OF FINANCIAL INSTITUTION OR ACCOUNT NUMBER

I understand that in order to effect the change noted above, LaneStaffing must notify my financial institution prior to making any automatic deposit. Therefore, I agree to accept payment via pay card while this process occurs. I understand that I should maintain both accounts until I receive my first electronic payment. **Any form received by Payroll after Friday, 5:00 pm CST will not be processed until the following week.**

CANCELLATION

I hereby cancel the authorization for automatic deposit. I understand that I should maintain my account at my financial institution until I receive an actual check from LaneStaffing indicating that the direct deposit has been canceled. **Any form received by Payroll after Friday, 5:00 pm CST will not be processed until the following week.**

This information is confidential and I authorize its use for the sole purpose of processing automatic deposits to the financial institution designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically. I further acknowledge that I will verify funds have been deposited in my account prior to any withdrawals. I understand that I assume all financial burdens or bank charges should any withdrawals occur prior to this verification.

Signature _____

Date _____