

Cyber Staffing & Payroll Service
Authorization for Direct Deposits - Employee Form

This authorizes **Cyber Staffing & Payroll Service** to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Account #1

ACCOUNT TYPE
(e.g. Checking or Savings)

EMPLOYEE BANK NAME

BRANCH

CITY, STATE

ACCOUNT NUMBER

BANK ROUTING NUMBER (ABA#)

Email address
where we can send your pay stub

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

SIGNATURE

PRINTED NAME

DATE

Fax (713-552-0810) or e-mail the completed authorization to:
Jennifer@ahcpafirm.com