



**Direct Deposit Agreement Form**

**Authorization Agreement**

I hereby authorize **Corporate Temps** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Corporate Temps** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Corporate Temps** 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 **Corporate Temps** 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: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_      Date: \_\_\_\_\_

**Please attach a voided check or deposit slip with this form and mail or fax it to the Payroll Department.**

**5950 Live Oak Parkway  
Suite 230  
Norcross, GA 30093  
Fax: 770.449.1944**