



# StaffQuest, Inc.

## Payroll Form

### AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT *(Please complete all sections)*

I hereby authorize StaffQuest to make payment of my payroll through the bank indicated on this form. This authority is to remain in full effect until company or bank has received written notification from me of its termination in such time and manner as to afford company or bank a reasonable opportunity to act on it.

#### General Information

Employee Name: \_\_\_\_\_ S.S. Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

#### Payroll Direct Deposit

Bank Name: \_\_\_\_\_ Transit & Routing Numbers: \_\_\_\_\_

Check One:     Checking     Savings    Account Number: \_\_\_\_\_

#### Authorization Signature

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Employee Signature: \_\_\_\_\_

Payroll Department: [staffquestpayroll2@gmail.com](mailto:staffquestpayroll2@gmail.com) Fax:570-227-1444