



DIRECT DEPOSIT INITIATION & CHANGE FORM

INSTRUCTIONS:

1. Provide EITHER a voided check which includes your *pre-printed* name and address OR an official letter from your banking institution which includes your name, SSN, bank account number, bank routing/transit number & the signature of a bank representative.

NO starter checks or business checks will be accepted!

2. Complete the EMPLOYEE INFORMATION and BANK INFORMATION sections below.
 - Please write bank information directly from the voided check.
3. Read, agree to, and sign the Authorization Agreement below.

EMPLOYEE INFORMATION (Please Print)

Employee Name: _____

Social Security Number: _____ - _____ - _____

Initial Authorization

Change Account Info

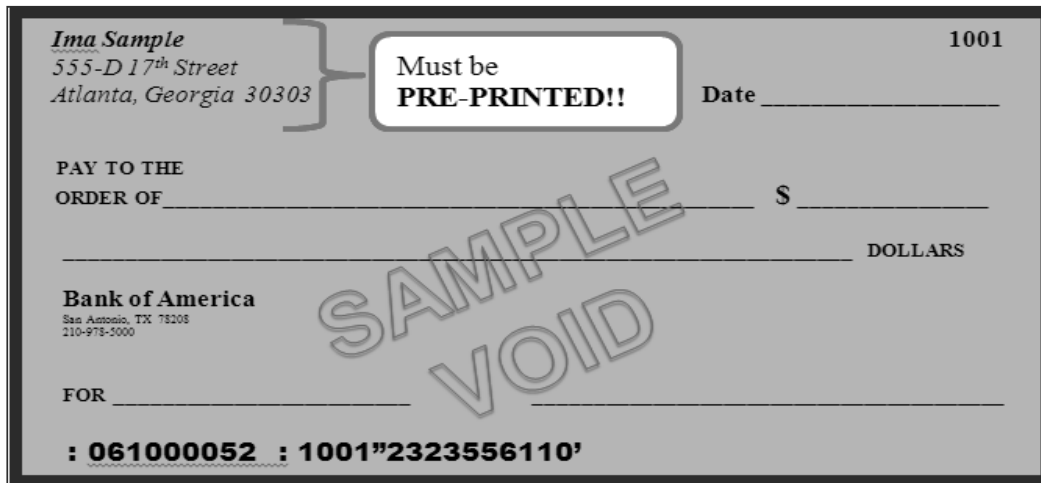
BANK INFORMATION (Please Print)

Bank Name: _____

Account Type: Checking Savings PayCard

Bank Account Number: _____

Bank Routing/Transit Number: _____



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I hereby authorize **Axiom Staffing Group** to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries posted in error to my account indicated above. I further understand that it is my responsibility to immediately inform **Axiom Staffing Group** of any changes to or closure of my bank account. A delayed notification to **Axiom Staffing Group** will postpone receipt of my compensation.

This authorization is to remain in effect until Axiom Staffing Group has received written notification from me of its termination in such time and manner as to allow Axiom Staffing Group and the depository a reasonable opportunity to act on it.

Employee Signature: _____ Date: ____/____/____

FOR EMPLOYER ONLY

Branch Name/Number: _____ Staff Verifier: _____