

DIRECT DEPOSIT FORM

If you are interested in having direct deposit please complete and submit, along with a voided check or deposit slip to:

Tri-State Staffing, Inc.
P.O. Box 2182
Augusta, ME 04338-2182

I authorize Tri-State Staffing, Inc. to deposit my net pay into my:

_____ Checking Account

_____ Savings Account

each payday. This authority will remain in effect until I have cancelled it in writing. I also authorize my employer to make appropriate adjustments should an incorrect payment be entered into my account.

Date: _____

Employee Name (Please Print)

Last Four Digits of Social Security Number

Financial Institution

Routing Number

Account Number

Employee Signature