



Employee Direct Deposit Enrollment Form

To enroll in Full Service Direct Deposit, simply complete this form and submit to your Staffing Representative.

Important! Please read and sign before completing and submitting.

I hereby authorize The Houston Jackson Group (hereinafter "Employer"), either directly or through its payroll service provider, to deposit any amounts owed to me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Employer, either directly or through its payroll service provider, to my account. In the event that Employer deposits funds erroneously into my account, I authorize Employer, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Employer and Bank have received written notice from me of its termination in such time and in such manner as to afford Employer and Bank reasonable opportunity to act on it.

Employee Name: _____ **Last four digits of SS#:** _____

Employee Signature: _____ **Date:** _____

Account Information

1) Bank Name / City / State: _____

Routing / Transit #: _____ Account Number: _____

Checking Savings Other

I wish to deposit: \$____.____ **or** Entire Net Amount

2) Bank Name / City / State: _____

Routing / Transit #: _____ Account Number: _____

Checking Savings Other

I wish to deposit: \$____.____ **or** Entire Net Amount **or** Remaining Amount

3) Bank Name / City / State: _____

Routing / Transit #: _____ Account Number: _____

Checking Savings Other

I wish to deposit: \$____.____ **or** Entire Net Amount **or** Remaining Amount

Fax to: (972) 717-3920 or email to employed@houstonjackson.com