DIRECT DEPOSIT AUTHORIZATION

Elevate Staffing Solution LLC | Payroll Authorization

Employee Information

Employee Name: _____	Employee ID: _____
Phone: _____	Email: _____

Deposit Instructions

Bank / Financial Institution: _____	Account Type: ☐ Checking ☐ Savings
Routing Number: _____	Account Number: _____
Deposit Amount: ☐ Net Pay ☐ Fixed $_____	Second Account (if applicable): _____
Routing Number: _____	Account Number: _____

Authorization

I authorize Elevate Staffing Solution LLC and its payroll service providers to deposit payroll payments to the account(s) listed above and, when legally permitted, to correct an erroneous deposit. This authorization remains in effect until I provide written notice of a change or cancellation and sufficient processing time has elapsed.

For security, do not submit completed banking information through the public website or ordinary email. Use the secure method provided by Elevate.

Employee Signature: _____ Date: _____

Attach a voided check or other bank verification only when requested through Elevate's approved secure process.