#

**Print Name:**

 Enroll me in Direct Deposit. I understand my first check will mailed.

 Mail my checks to me

**My current mailing address is:**

Street / PO Box

City State Zipcode

**Direct Deposit**

I hereby authorize, A.R. Mazzotta Employment Specialists to directly deposit my pay in the bank account(s) listed below in the amounts specified. (If two accounts are designated, deposits are to be made in whole amounts of pay to total 100%.) Attaching a voided check or bank spec sheet is preferred.

This authorization is to remain in force until the Company has received **written** authorization from me of its termination or change. Also, I hereby grant A.R. Mazzotta Employment Specialists the right to correct any such electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

**Checking Account #** Amount/Percent

Name of Bank Routing #

**Savings Account #** Amount/percent

Name of Bank Routing #

**By signing this document, I understand the above and give permission to email my direct deposit pay advice to the confidential email address below.**

Signature Date

Print Name Last 4 digits of your SS

Confidential Email Address

5/2020