



## DIRECT DEPOSIT AUTHORIZATION

Please deposit my entire net pay into the account specified below:

Circle one:    Checking    Savings    **VISA Paycard\***

*\*By selecting VISA Paycard your account number and temporary paycard will be generated by the payroll department upon acceptance of an assignment with C.S.T. Connection. An VISA Paycard will be mailed to you with your name on it within about 10 days.*

**DIRECT DEPOSIT INTO YOUR PERSONAL BANKING ACCOUNT PLEASE COMPLETE THE FOLLOWING:**

Bank Name: \_\_\_\_\_  
Account # \_\_\_\_\_  
Routing / Transit # \_\_\_\_\_

**ATTACH A VOID CHECK, BANK LETTER, OR SPECIFICATION SHEET.**

**If you are splitting your deposit, please select the second account and mark the percentage or the correct dollar amount to be deposited:**

Circle one:    Checking    Savings    **VISA Paycard**

Bank Name: \_\_\_\_\_  
Account # \_\_\_\_\_  
Routing / Transit # \_\_\_\_\_

Split amount:    Percentage to this account \_\_\_\_\_% OR flat dollar amount \$ \_\_\_\_\_

### EMPLOYEE INFORMATION:

Name: \_\_\_\_\_  
Social Security # \_\_\_\_\_ (required)  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### AUTHORIZATION:

By providing the information requested above and signing below, I hereby elect and consent to receive my wages via the payroll method selected above. In addition, I hereby authorize C.S.T. Connection on its own behalf and on behalf of its direct and indirect subsidiaries and affiliates to make (electronically or otherwise) all deposits and deposit adjustments involving my pay, including those involving off cycle pay and pay upon discharge, to the account(s) identified above, and I authorize the bank(s) listed above to accept such deposits and make such adjustments. This authorization will remain in effect until C.S.T. Connection receives written notice from me terminating my authorization.

**It is your responsibility to notify C.S.T Connection of any changes to or closure of your bank account.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed form to: [sue@cstconnection.com](mailto:sue@cstconnection.com) or fax to 727-538-4215**