

*We Make You Shine!*



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## Authorization for Direct Deposit of Your Weekly Pay

I authorize The A List at Ashby Staffing and/or its allied companies (Staffing Management Systems, Inc. and MACT Staffing LP) and the financial institution named below to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below. This authority will remain in effect until I notify you in writing to cancel it. I understand it is my responsibility to verify these deposits before writing checks against expected funds and that my employer is not responsible for bank errors or bank fees.

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

Employee Name (please print) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Deposit to my checking or savings account at financial institution

Name \_\_\_\_\_

Address \_\_\_\_\_

Routing Number \_\_\_\_\_

(The numbers located to the left of your account number on the bottom of your check)

Deposit to account number \_\_\_\_\_ Checking \_\_\_\_ *OR* Savings \_\_\_\_

Please attach a VOIDED check or savings deposit slip to assure proper credit.

(Your Voided Check or Savings Deposit Slip)