



HIREQUALITYSolutionsSM
Solutions at Work

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **HireQuality Solutions** to initiate automatic deposits to my account at the financial institution named below. I also authorize **HireQuality Solutions** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **HireQuality Solutions** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **HireQuality Solutions** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

***Attach a VOIDED CHECK for verification of CHECKING ACCOUNT information AND/OR a DEPOSIT SLIP for verification of SAVINGS ACCOUNT information.**

OFFICE USE ONLY:

Entered: _____ / _____ / 2010