



www.favoritestaffing.com

APPLICATION FOR DIRECT DEPOSIT

Here are the advantages you will enjoy by choosing to receive your Favorite Healthcare Staffing payroll via Direct Deposit:

- | | |
|-------------------------------------|---|
| Convenience | You no longer need to wait in line at the bank to deposit a paycheck. |
| No Cost | At no cost to you, your pay is automatically deposited in your checking or savings account at virtually any bank, savings & loan, credit union or other financial depository. |
| Dependability | The uncertainty of postal delivery is eliminated – your pay will be received by your bank on the first banking day following Favorite’s weekly Friday pay date. |
| Instant “Funds Availability” | Unlike with the deposit of a check, banks do not place a hold on the availability of funds deposited via Direct Deposit. |

To apply for this free service:

1. Complete and sign the authorization form on the reverse side of this page.
2. Attach one of your checks or savings withdrawal forms marked “VOID.”
3. Deliver this form to your nearest Favorite branch office or mail it to:

Favorite Healthcare Staffing
Attention: Direct Deposit
7255 W 98th Terr, Bldg 5, Ste 150
Overland Park, KS 66212

Please note: Federal banking laws require us to conduct a test transmission of direct deposit to your bank or other depository. The law requires a waiting period during which your bank may give notice of special or modified instructions. For this reason, actual direct deposit of your payroll will not commence for two weeks or more after receipt of your authorization. Until then, a paycheck will be mailed to the address specified on your federal withholding allowance certificate (Form W-4) or other change of address notification received. Direct deposit will expire after 120 days of inactivity (no paycheck).



11974

Employee Social Security Number - -

Name (please print)

Authorization Agreement for Automatic Deposit

For Direct Deposit (ACH) ONLY

I hereby authorize Favorite Healthcare Staffing to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below at the Depository names below to debit and/or credit the same to such account.

Financial Institution Transit/ABA No. (9 digits)

Account No.

Information about your Financial Institution {

- -

Phone Number (ACH Dept., if known)

Bank Name

City State Zip

Exact Name(s) on Account

Type of Account: CHECKING SAVINGS

This authority is to remain in full force and effect unless there are 120 days of inactivity (no paycheck) or until Favorite Healthcare Staffing has received written notification from me of its termination in such time and manner as to afford Favorite and the financial institution a reasonable opportunity to act on it.

Signature Date / /

Favorite Branch Location

*For checking accounts,
attach a voided check here.*

*For savings accounts, please call your
financial institution for proper ABA and Acct. No.*