Direct Deposit Authorization Form

Protemp of America,Inc.
3903 NORTH 5TH STREET, PHILADELPHIA, PA, USA
(215) 221-5727
jennifer@protempofamerica.com

Name on Account: ______________________________________

Mailing Address: ______________________________________

City, State, Zip: ______________________________________

Name of Bank: ______________________________________

Account #: ______________________________________

9-Digit Routing #: ______________________________________

Amount: $___________ or ___________%

Type of Account: _________________ (Checking or Savings)

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Attach a voided check for each bank account to which funds should be deposited (if necessary)

Protemp of America,Inc. is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee's Signature and Date: ____

Attach a voided check for each bank account to which funds should be deposited (if necessary)

____________________ [*"Company Name"*] is hereby authorized to directly deposit my pay to the account(s) listed above. This authorization will remain in effect until I modify or cancel it in writing.