

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

FOR EMPLOYEE TO COMPLETE

<input type="checkbox"/> NEW	<input type="checkbox"/> CHANGE	<input type="checkbox"/> CANCEL
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Date _____

Employee Name (Please Print): _____

Employee Social Security Number: _____

Bank Name: _____

Please select only one box:

CHECKING
 SAVINGS
 PAY CARD

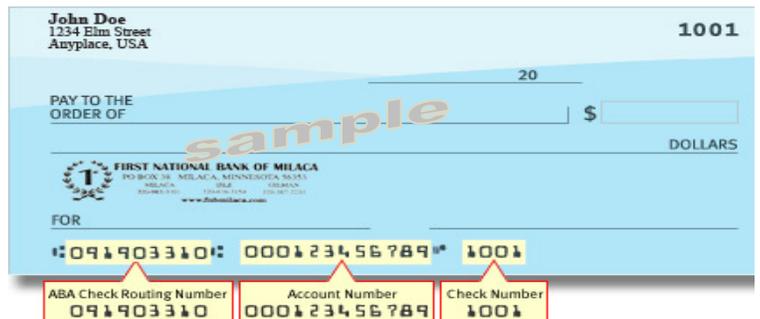
FOR NEW OR CHANGED ACCOUNTS, PLEASE ATTACH THE FOLLOWING:

- **CHECKING ACCOUNT:** A check from your account with **VOID** written across the face. Or complete the information below with your bank name, account and routing number.
- **SAVINGS ACCOUNT:** Please provide your bank name along with your account and routing number.

BANK NAME: _____

ACCOUNT NUMBER: _____

ROUTING NUMBER: _____



One of 1ST TEAM's top priorities is to ensure that you are paid promptly and accurately on your scheduled payday. Please review the following and indicate your understanding and acceptance of the terms and conditions of direct deposit by signing below.

- Your funds will be available in your checking or savings account within 48 hours of your scheduled payday, depending on the banking institution. If you choose the Skylight Account, your funds will be available by 9am on your scheduled payday.
- Direct Deposit is a benefit provided by 1ST TEAM Staffing. By signing below you have voluntarily chosen to receive your wages by direct deposit instead of receiving a 1ST TEAM-generated paycheck on payday.
- Due to the nature of electronic funds transfer process, you may incur delays receiving the funds in certain situations, including but not limited to bank or legal holidays, acts of God, electronic failures and 1ST TEAM or bank errors.
- If you do not report your hours worked using an appropriate time capture method and during the appropriate time frame, transfer of funds may be delayed.

I hereby authorize 1ST TEAM to deposit my net pay in the account indicated above. In case of overpayment, I authorize 1ST TEAM to either directly withdraw funds from the above bank account or directly withhold any monies from future deposits. If 1ST TEAM is unable to withdraw/withhold money, I will remit to 1ST TEAM, by check or money order, all monies over paid. I also authorize 1ST TEAM to contact the bank to verify any of the above information. I hereby release 1ST TEAM from any liability associated with the availability of funds including but not limited to bank fees, penalties, interest charges or other costs. I understand that I will need to contact my bank directly to verify the availability of funds.

Employee Signature _____

Date _____