



## Authorization for Direct Deposit

I authorize **DenTemp Staffing dba. American Dental Staffing** to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford **DenTemp Staffing dba. American Dental Staffing** a reasonable opportunity to act on it.

Name on bank account: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Bank account number: \_\_\_\_\_ Checking \_\_\_ Savings \_\_\_

Bank routing number: \_\_\_\_\_

Amount: entire paycheck: \_\_\_\_\_ (Please initial here)

**Important:**

**Please attach a voided check for the bank account to which funds should be deposited.**

Employee/Contractor signature: \_\_\_\_\_

Date: \_\_\_\_\_