

**Employee Name:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Checking Account Deposits:** Please send a VOIDED CHECK as a SEPARATE ATTACHMENT --- DO NOT AFFIX CHECK OVER THIS FORM!

**Savings Account Deposits:** OBTAIN A VALID TRANSIT / ABA ROUTING NUMBER from your financial institution and print the information below.

*Deposit tickets are not accepted.*

**FULL or NET DEPOSIT**

CHECKING  SAVINGS

**FINANCIAL INSTITUTION / BRANCH:** \_\_\_\_\_

**TRANSIT / ABA NUMBER:** \_\_\_\_\_

**CHECKING ACCOUNT NUMBER:** \_\_\_\_\_

**SAVINGS ACCOUNT NUMBER:** \_\_\_\_\_

I hereby authorize Legal Search Solutions, Inc. and or agents to initiate credit entries to my account(s) at the Financial Institution(s) named above.

In addition to credit entries, I hereby authorize Legal Search Solutions, Inc., and or agents to make any debit entries necessary to correct deposit errors to my account. This authority is to remain in full force and in effect until Legal Search Solutions, Inc. and or agents has received written notification from me to terminate the direct deposit and Legal Search Solutions, Inc. and or agent and the Financial Institution have a reasonable opportunity to act on the termination.

My direct deposit will continue to be sent to the selected Financial Institution by Legal Search Solutions, Inc. and or agents until I notify Legal Search Solutions, Inc. and or agents in writing of any changes. To affect a change, I agree to contact Legal Search Solutions, Inc. and or agents for a new "Authorization Agreement for Direct Deposit" form. If I am changing financial institutions, I understand that Legal Search Solutions, Inc. and or agents must deactivate my old account before the new account can be activated. I further understand that I should maintain accounts at both financial institutions until the transition is complete.

I also understand and agree that in the event of my separation from employment for any reason, my final paycheck may, at the discretion of Legal Search Solutions, Inc., be issued as a "live" paycheck rather than a direct deposit and in such case, I hereby confirm and agree that my direct deposit authorization shall be revoked and will terminate.

**Employee's Signature:** \_\_\_\_\_

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

**TO ACTIVATE DIRECT DEPOSIT...YOU MUST:**

1. Fully complete this form in its entirety
2. Review for accuracy
3. Sign and Date
4. Scan and email this form with a voided check to your staffing recruiter, or fax to either 305-358-3330 or 561-750-3026