

JAG Professional Services, Inc.
Payroll Department
Direct Deposit Authorization

Employee's Last Name _____	First Name _____	Middle Initial _____
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Employee's Social Security Number _____
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<input type="checkbox"/> START Allow (2) pay periods for processing. Verify your first direct deposit with a customer service representative at your bank.	<input type="checkbox"/> CHANGE Allow (2) pay periods for processing. On the first payday you will receive a check. Your paycheck will be direct deposited to your account on the second payday after your request. Verify your first direct deposit with a customer service rep at your bank.	<input type="checkbox"/> STOP A complete and signed Direct Deposit Authorization must be received in the office of payroll and benefits at least (7) days prior to payday.
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Name of Bank or Financial Institution _____	
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City of Bank or Financial Institution _____	State _____	Zip Code _____
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Information from Your Bank or Financial Institution

Checking/ Savings _____	Bank or Financial Institutions Routing Number (Must be 9 digits) _____	Your Account Number (Up To 17 Digits Permitted) _____	Fixed Amt \$ _____
Checking/ Savings _____	Bank or Financial Institutions Routing Number (Must be 9 digits) _____	Your Account Number (Up To 17 Digits Permitted) _____	BALANCE

<p><i>I authorize JAG Professional Services, Inc. (JAG) to transfer the full amount of my Salary, after applicable deductions, to the financial institution named above for deposit to my account.</i></p> <p><i>I understand that if I close my account, I will not receive a salary payment until my financial institution returns the funds to JAG Professional Services, Inc. This authorization remains in effect until I notify JAG in writing.</i></p> <p>Employee's Signature: _____ Date: _____</p>	
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A cancelled or void check must be attached to this form prior to submitting it to the Payroll Department. Do not send Deposit slips. (They usually are imprinted with digits other than those used for Electronic processing). Please mail to JAG Professional Services, Inc. at P.O. Box 3007, El Segundo, CA 90245-3007 or fax to (310) 765-4968.