

Return Original To:
P.O. Box 1279
Manassas, VA 20108

Authorization Agreement For Direct Deposits (ACH Credits)

I (we) hereby authorize Temporary Solutions, Inc. to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) **Checking** **Savings account (select one)** indicated below and the depository named below, hereinafter called Depository, to credit and/or debit the same to such account.

Name _____ Branch _____ Bank Phone No. (_____) _____
City _____ State _____ Zip _____
Transit/ABA No. _____ Account No. _____

This authority is to remain in full force and effect until Temporary Solutions, Inc. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Temporary Solutions, Inc. and Depository a reasonable opportunity to act on it. I understand that all direct deposits are made through the automated clearing-house (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution. I understand that I am responsible for verifying with my financial institution that the deposit of my wages into the specified accounts has occurred. I acknowledge that I am responsible for ensuring that there are sufficient funds in my account(s) prior to making any withdraws, payments, etc. from such accounts. I understand that Temporary Solutions, Inc. is not liable for any overdraft fees or other charges that I may incur because of my failure to confirm the timely deposit of wages into my account(s).

Name(s) _____ SS Number (s) _____

Signature (s) _____ Date _____

**ORIGINAL MUST BE RETURNED ALONG WITH A VOIDED PERSONAL CHECK TO TEMPORARY SOLUTIONS, INC.
ALL PARTIES LISTED ON ACCOUNT MUST SIGN ABOVE.**

**PLEASE ATTACH
COPY OF VOIDED CHECK
OR
SAVINGS DEPOSIT SLIP**

TEMPORARY SOLUTIONS, INC. USE ONLY

Week-Ending	Date	CSR Initials
Prenote #1	_____	_____
Prenote #2	_____	_____
Live	_____	_____