



Electronic Funds Transfer Authorization

I hereby authorize **NEHCRstaffing** to directly deposit my pay in the bank account listed below. I have attached a voided check for the account specified. This authorization is to remain in force until the company has received written authorization from me of its termination or change.

Also, I grant **NEHCRstaffing** the right to correct any Electronic Funds Transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Name: _____

Address: _____

Telephone: (____) _____

Signature: _____ Date: _____

Deposit advice will be sent electronically.

Email Address: _____

Company Use Only:

Effective Date: _____

Checking Account Information

Financial Institution: _____

Street Address: _____

City, State and Zip Code: _____

Telephone: (____) _____

Personal Account Number: _____

Bank Routing Number: _____

PLEASE INCLUDE A VOID CHECK WITH THIS FORM

320 Court Street | Plymouth, MA 02360 | Office: 508.732.7362 | Fax: 774.763.0190

www.nehcrstaffing.com