



26514 I-45 N. STE B
The Woodlands, TX 77386
Fax (281)367-5702 Bus (281)362-8367

Direct Deposit Form

DATE: _____

Employee's Authorization – Please fill out & return to Star Staffers

I authorize you and the financial institution listed below to initiate electronic entries to my:

- Checking account Savings Account

each payday. This authority will remain in effect until I have cancelled it in writing.

FINANCIAL INSTITUTION

NAME (PLEASE PRINT)

FINANCIAL INSTITUTION ACCOUNT #

CITY

STATE

SIGNATURE

EMAIL: _____
(PLEASE PRINT CLEARLY)

*****PLEASE ATTACH A VOIDED CHECK TO OBTAIN ROUTING & ACCOUNT NUMBER*****