



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

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## 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\*\*\***