

# SCI-TEK STAFFING

## Authorization Agreement For Pre-Authorized Deposits

I authorize Sci-Tek Staffing to make payments of any amount owing to me by making deposits to my account indicated below in the financial institution named below, and I authorize the financial institution to accept any credit entries initiated by Sci-Tek Staffing to such account and to credit the same to such account. If funds to which I am not entitled are deposited to my account, I authorize Sci-Tek Staffing to direct the bank to return said funds.

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### ***Employee Information***

Name of Bank \_\_\_\_\_ Type of Account \_\_\_\_\_

Bank Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

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This Authority is to remain in place until Sci-Tek Staffing has received written notification from me of its termination.

Employee Name \_\_\_\_\_ SSN \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Attach voided check below:**