

Supplemental Employee

**DIRECT DEPOSIT AUTHORIZATION FORM**

The authorization form provided below gives Frazee Recruiting Consultants and your financial institution authority to deposit your pay directly into your account.

**INSTRUCTIONS:**

1. Fill in your name, your bank's name, location and the date.
2. Please circle checking or savings to indicate which type of account your pay will be deposited into.
3. Please fill in your account number and bank ID/routing number.
4. Please be sure to sign the form.
5. Return the completed form to Frazee Recruiting Consultants. You may bring the form to the office, fax to (225) 231-7887 or mail to 2351 Energy Dr., Ste. 1100, B.R., LA 70808.

**AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSIT**

I authorize Frazee Recruiting Consultants and the bank identified below to deposit my net pay automatically each payday. If monies to which I am not entitled are deposited into my account, I authorize my employer to direct the bank to return said funds. This authority will remain in effect until I have cancelled it in writing. Once direct deposit is cancelled it will not be able to be reinstated.

Bank Name \_\_\_\_\_

Branch Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Bank ID/ Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Please Circle:                      CHECKING                      SAVINGS

Employee Social Security #

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Name (please print) \_\_\_\_\_

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

Email address where deposit information can be sent \_\_\_\_\_

**\*PLEASE ATTACH A VOIDED CHECK, SAVINGS DEPOSIT SLIP, OR STATEMENT FROM YOUR BANK SHOWING YOUR ACCOUNT AND ROUTING NUMBERS WITH THIS FORM.\***