



THIS FORM MUST BE FILLED OUT COMPLETELY AND RETURNED WITH A VOIDED CHECK OR A BANK PRINT-OUT THAT INCLUDES YOUR ACCOUNT INFORMATION

TO: MARQUEE STAFFING – CARLSBAD BRANCH

Fax: 760-438-4405 (email is not secure and is not recommended)

I hereby authorize MARQUEE STAFFING, herein called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my **checking** account indicated below and the depository institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Percentage allocated: _____%

DEPOSITORY NAME (bank)	DEPOSITORY BRANCH	
CITY	STATE	ZIP CODE
TRANSIT/ABA NUMBER	ACCOUNT NUMBER	

Percentage allocated: _____%

DEPOSITORY NAME (bank)	DEPOSITORY BRANCH	
CITY	STATE	ZIP CODE
TRANSIT/ABA NUMBER	ACCOUNT NUMBER	

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it or at the discretion of COMPANY. A minimum of up to 10 working days is required to process direct deposit or any changes. If I close or change my account information, I must notify COMPANY, immediately. It is my responsibility to confirm with my bank, on Friday mornings, that the direct deposit was processed.

NAME (PLEASE PRINT)	SOCIAL SECURITY NUMBER
DATE	SIGNATURE

***PAYCHECK STUBS WILL NOT BE MAILED TO YOU.**

They can be accessed **ONLINE** by logging in to your profile at www.marqueestaffing.com and entering my User ID and Password.

(If you do not have your ID and Password, please contact your recruiter.)