

PRINT NAME _____

CLIENT NAME/LOCATION _____

Premium Transportation Staffing

190 Highland Dr., Medina, OH 44256

Phone: 800-633-4785 Fax 330-725-1998

DIRECT DEPOSIT AUTHORIZATION

I hereby authorize Premium Transportation Staffing (hereinafter called "Company"), to initiate credit entries and to initiate, if necessary, debit entry adjustments for any credit entry done in error to my account(s) shown below.

Once the authorization is received by the Company, the information will be verified (pre-noted) before the direct deposit is initiated. For accuracy, the Company will run a trial transaction with the designated financial institution. I understand that my next pay may be in the form of a check.

This authorization will remain in full force until the Company has received written notification from me of its termination, in such time and in such manner as to afford the Company and Depository a reasonable opportunity to act on it.

Signature _____

Date _____

SSN _____ - _____ - XXXX

BANK NAME _____	CITY, STATE _____
CHECKING _____ or SAVINGS _____	AMOUNT \$ _____ or ENTIRE CHECK _____
TRANSIT/ROUTING # (9 DIGITS) _____	ACCOUNT # _____

BANK NAME _____	CITY, STATE _____
CHECKING _____ or SAVINGS _____	AMOUNT \$ _____ or ENTIRE CHECK _____
TRANSIT/ROUTING # (9 DIGITS) _____	ACCOUNT # _____

For accuracy, attach copy of void check below