



Direct Deposit Authorization Form

Instructions:

1. Fill in the requested information below.
2. Attach a voided check(s) or direct deposit authorization letter from your bank for verification of bank account information. Your direct deposit cannot be set up without one of these.
3. Sign the form and return to KNF&T Staffing Resources Payroll department by one of the following methods: *Email:* payroll@knft.com; *Fax:* 1-800-317-2089; or *By Mail:* KNF&T Staffing Attn: Payroll Department 3 Post Office Square Boston, MA 02109.
4. Direct Deposit will begin within 3 weeks after the start of your first assignment

Employee Required Information: (Please Print)	
Employee Name: _____	
Last Four Digits of Employee Social Security No.: <u> XX </u> - <u> XX </u> - _____	
Employee Mailing Address: _____	
Phone: _____ Email: _____	
Direct Deposit Authorization/Change Request:	
<i>Please Check One of the Following:</i>	
<input type="checkbox"/> New Authorization: I would like my wages/salary deposited to the accounts(s) named below.	
<input type="checkbox"/> Change: I would like to change my Bank(s) or my Deposit amount(s)	
<input type="checkbox"/> Cancellation: I would like to cancel my Direct Deposit.	
Account #1 <input type="checkbox"/> Checking or <input type="checkbox"/> Savings Percentage: _____% or Dollar Amount: \$ _____ Bank Name: _____ ABA/Routing Number: _____ Account#: _____	Account #2 <input type="checkbox"/> Checking or <input type="checkbox"/> Savings Percentage: _____% or Dollar Amount: \$ _____ Bank Name: _____ ABA/Routing Number: _____ Account#: _____
Your form MUST include a cancelled check or direct deposit authorization letter from your bank to be processed	

I hereby authorize **KNF&T, Inc.** and the banks named above to deposit my net pay directly to my account(s) each payday. I also authorize KNF&T, Inc. to make any adjustments for any over-deposit which may occur. This authority will remain in effect until KNF&T has received a signed Cancellation Request from me in such time and manner as to afford KNF&T a reasonable opportunity to act on it.

I further understand that I am responsible for providing accurate and updated information to KNF&T regarding changes to my bank account(s).

I understand that any change or addition to my routing or account number information requires my account to be pre-noted, and I will receive at least one real check during this time.

Moreover, I understand that fund will be deposited into my account only under the condition that I submit my signed timesheet(s) to KNF&T no later than noon on Monday. Wages for timesheets submitted after the Monday noon deadline may not be credited to my account until the following week.

Finally, I understand that KNF&T is not responsible for any delays resulting from technological malfunction outside its control. Nor is KNF&T responsible for any delays that result from actions of the employee's bank.

Employee Signature: _____ **Date:** _____

*****ATTACHED VOIDED CHECK HERE (For Checking Accounts)*****

OR

SEND ALONG WITH YOUR DIRECT DEPOSIT AUTHORIZATION LETTER FROM THE BANK

(For Checking and Savings Accounts)