



STAFFING SERVICES, INC.

P.O. BOX 366 * 557 CRANBURY ROAD * EAST BRUNSWICK, NJ 08816
TEL: 732-238-6050 * FAX: 732-238-2152

**MEDICAL STAFFING SERVICES, INC.
DOMESTIC DIRECT DEPOSIT**

Please complete all the following information to activate your direct deposit account.

NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

HOME TELEPHONE NUMBER: _____

NAME OF BANK: _____

BRANCH LOCATION: _____

NAME(S) ON ACCOUNT: _____

CHECKING ACCOUNT NUMBER: _____

OR

SAVINGS ACCOUNT NUMBER: _____

ABA NUMBER: _____

(must be acquired from the bank)

EMAIL ADDRESS FOR DEPOSIT NOTIFICATION: _____

Checking account deposits: a copy of a voided check or bank notification must accompany this form as back up.

Savings account deposits: a copy of pre-printed deposit slip or bank notification must accompany this form as back up.

DD requests without the requested back up will not be processed.

Bank regulations require a two week pre-note test transfer period, prior to actively wiring funds.

To be eligible for Direct Deposit, your client approved and signed time card must be received, either by mail or fax no later than 11am, Monday of the following week. Funds will be available in your account on the following Monday.

My signature below authorizes MISSI to make deposits to my stated account. In the unlikely event of a deposit error, I authorize MISSI to make adjustments to correct the error.

SIGNATURE

DATE