

**LSI STAFFING**  
**AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSITS**

I HEREBY AUTHORIZE LSI STAFFING HEREINAFTER CALLED LSI,  
TO DEPOSIT TO MY ACCOUNT INDICATED BELOW THE NET AMOUNT I AM DUE FOR ANY  
PAY PERIOD WITH THE SAME EFFECT AS IF A CHECK HAD BEEN DELIVERED TO ME FOR  
SUCH AMOUNT. I ALSO AUTHORIZE THE FINANCIAL INSTITUTION INDICATED BELOW TO  
CREDIT THE SAME TO SUCH ACCOUNT. SHOULD AN OVER DEPOSIT BE MADE, THE  
FINANCIAL INSTITUTION IS AUTHORIZED TO DEBIT SUCH ACCOUNT AND RETURN TO LSI  
THE AMOUNT OF ANY SUCH OVERAGE.

**PLEASE NOTE: FUNDS WILL NOT BE AVAILABLE UNTIL FRIDAY OF THE PAYWEEK**

EMPLOYEE NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

FINANCIAL INSTITUTION: \_\_\_\_\_

CHECKING ACCOUNT NUMBER:

\*\*( voided check must be attached)

**ONLY ONE ACCOUNT FOR NET AMOUNT**

SAVINGS ACCOUNT NUMBER:

\*\*(voided check must be attached)

THIS AUTHORIZATION IS TO REMAIN IN EFFECT UNTIL LSI HAS RECEIVED WRITTEN  
NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND MANNER AS TO AFFORD  
LSI AND THE FINANCIAL INSTITUTION A REASONABLE OPPORTUNITY TO ACT ON IT.  
TERMINATION OF EMPLOYMENT ALSO VOIDS THIS AGREEMENT

\_\_\_\_\_  
SIGNATURE (as shown on account)

\_\_\_\_\_  
DATE