



Manpower®

# Associate Direct Deposit Authorization

Weekly Direct Deposit payroll funds are available on **FRIDAY** for most banks.

I, \_\_\_\_\_ (*please print name*), do hereby authorize Manpower, Inc. of Southeastern Michigan (Manpower) to deposit my net pay into the following account:

checking account

savings account

IF A VOIDED CHECK IS NOT ATTACHED, THE FOLLOWING INFORMATION IS REQUIRED:

(*please print clearly*)

Financial Institution: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone # (inc. a/c): \_\_\_\_\_

Bank Transit/ABA # (first 9 digits): \_\_\_\_\_

Bank Account #: \_\_\_\_\_

(*optional*) Please email my statement to the following address (*please print clearly*)

\_\_\_\_\_

This authority will remain in effect until I have cancelled it in writing. I also authorize Manpower to make appropriate adjustments should an incorrect payment be entered into my account.

Associate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SSN# (last 4 digits) or JDE Employee # (7 digits): \_\_\_\_\_