



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): _____

UNTIL DIRECT DEPOSIT TAKES EFFECT PLEASE:

- mail my check to the address on file.
- deliver my check to my worksite (may not be applicable to your assignment).
- hold my check at the Manpower office for me to pick up.