



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

EMPLOYEE PHONE NUMBER: \_\_\_\_\_

NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_

FINANCIAL INSTITUTION PHONE NUMBER: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

CHECKING: \_\_\_\_\_ SAVINGS: \_\_\_\_\_ MONEY CARD: \_\_\_\_\_

**\*PLACE A VOIDED CHECK HERE:**

\*

**\*\* PLEASE NOTE:** *By completing this form, I am authorizing ASR/HR PLUS to deposit any amounts owed to me, as instructed by my employer, by initiating credit or debit entries to my account at the financial institution indicated on this form. I authorize the financial institution to accept and to credit or debit any authorized entries by ASR/HR PLUS to my account. This authorization is to remain in effect until ASR & bank have received written notice from me of its termination in such time and in such manner as to afford ASR and bank reasonable opportunity to act on said termination.*

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