



DIRECT DEPOSIT AUTHORIZATION

I _____ authorize ____, do not authorize ____ Tempus
Employee Name

IT Staffing, LLC to access my checking ____ or savings ____ account with

_____ for direct deposit. I understand that if I do not
Bank Name

wish to have my payroll check direct deposited, it will be mailed to my home address unless I specify a different mailing address.

Address

Employee Signature Date

Please attach a VOIDED CHECK.