



Simplifying HR Benefiting Business

280 Hindman Road  
Travelers Rest, South Carolina 29690  
(864) 834-3985  
Fax (864) 834-5642

**DIRECT DEPOSIT**  
Authorization Agreement for Direct Deposit

Employee Name: \_\_\_\_\_ SSN#: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Client Name: \_\_\_\_\_

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

Transit/ABANo.: \_\_\_\_\_  
(Must have copy of check or banks phone number)

Account Number: \_\_\_\_\_  
(Please attach a voided check. A copy will be fine.)

Checking Account \_\_\_\_\_ Savings Account

I hereby authorize Quality Business Solutions, Inc., to initiate credit entries to my bank account indicated above, and I authorize the financial institution named above to process said credit entries.

This authority is to remain in full force and effect until Quality Business Solutions, Inc., has received written notification from me of its termination in such manner as to afford Quality Business Solutions, Inc. and the financial institution a reasonable opportunity to act on it.

\_\_\_\_\_  
(Signature MUST be that of a signer on the account) (Date)

