



**DIRECT DEPOSIT/DEDUCTION AUTHORIZATION**

501 S. Towanda Barnes Road • Bloomington, IL 61704  
(309) 661-7851 Phone • (309) 661-0160 Fax  
www.firststaffworks.com

Name: \_\_\_\_\_ Personnel Number: \_\_\_\_\_

**Account Information – Please attach voided check**

Name on Account: \_\_\_\_\_  
 Institution Name: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Account Type:     Checking     Savings  
 Bank Routing/Transit Number: \_\_\_\_\_  
 Account Number: \_\_\_\_\_

- New     Change     Stop  
 Net Check  
 Deduction  
 \$ \_\_\_\_\_

**If making a change, please indicate the TOTAL of the new deduction desired.**

Name on Account: \_\_\_\_\_  
 Institution Name: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Account Type:     Checking     Savings  
 Bank Routing/Transit Number: \_\_\_\_\_  
 Account Number: \_\_\_\_\_

- New     Change     Stop  
 Deduction  
 \$ \_\_\_\_\_

Name on Account: \_\_\_\_\_  
 Institution Name: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Account Type:     Checking     Savings  
 Bank Routing/Transit Number: \_\_\_\_\_  
 Account Number: \_\_\_\_\_

- New     Change     Stop  
 Deduction  
 \$ \_\_\_\_\_

I authorize National Payment Corporation and its Agents, including Financial Institutions, to initiate electronic credit entries and if necessary, debit entries and adjustments for any credit entries in error to my account(s) at the financial institution(s) listed above for the purpose of automatically depositing funds as indicated above.

I understand that this authorization replaces any previous authorization and will remain in full force and effect until Firststaff, a division of STL Technology Partners, has received written notification from me of its termination in such time and in such manner as to afford National Payment Corporation and the financial institution(s) a reasonable opportunity to act on it.

Print or Type Name \_\_\_\_\_

SS#: \_\_\_\_\_

Local Phone: \_\_\_\_\_

Signature

Date