



KOGER INDUSTRIAL STAFFING

3809 SULLIVAN STREET SUITE 1A
MADISON AL 35758
Phone: 866 488 0557 Fax: 866-488 0584

Electronic Funds Transfer Authorization Form

I hereby authorize HR Source, Inc; on behalf of **KOGER INDUSTRIAL STAFFING (KIS)** to notify my bank through the Electronic Funds Transfer process, to transfer an amount specified below to our bank. I understand this amount will show up on my bank statements for the purposes of payment and amount verification.

Employee name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Your Bank Name: _____

Your Account #: _____

Bank Routing #: _____ : _____ : _____
(9 characters at the bottom of your check between above symbols)

Please Deposit Payment Amount of \$ _____ or variable amount

Beginning _____

I understand this authority is to remain in full force and effect until HRSource, Inc. has received written notification from me of its termination in such time and in such manner as to afford the depositor a reasonable opportunity to act on it. I maintain the right to stop payment of the credit entry by written notification delivered to HRSource, Inc. ten (10) business days or more before this payment is scheduled to be made.

Signature: _____ **Date:** _____

Please attach voided check.