



Stagehands INC.

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414.272.3540 P
414.272.3592 F



DIRECT DEPOSIT AUTHORIZATION FORM

Name _____ Date _____

Please list all accounts for which you would like to have direct deposit.
If a checking account, make a copy of a check, void the copy and attach it.
(Deposit slips do not have all the numbers needed)

Banking Institution

Bank Routing Number

#1 _____

#2 _____

Account Type:

(C) Checking

(S) Savings

Account No.

Amount

#1 _____ \$ _____

#2 _____ \$ _____

I hereby authorize STAGEHANDS INC. to initiate the direct deposit of my full and/or partial net pay into the accounts listed above. I understand that it is my responsibility to complete a new form if any of the account information changes. I also agree to pay any bank fees charged if I fail to notify STAGEHANDS INC. of information changes. This action is to remain in effect until STAGEHANDS INC. receives written notification from me or an indication through my Paylocity account.

Signature _____ Date _____