ASSET

Asset Staffing, Inc.

Employee Direct Deposit Program Enrollment and Authorization Form

Asset Staffing,Inc., Northpointe Staffing Professionals, a division of Asset Staffing of New Jersey, LLC, and Asset Staffing of South Florida, LLC (collectively "Asset") employees may elect to enroll in Asset's Direct Deposit Program. In order to enroll in Asset's Direct Deposit Program, fill out this form and provide it to your Asset representative. Asset will directly deposit any wages or salary Asset owes you into the checking or savings account designated on this form. **Please attach a personal check with the word "VOID" written in large letters in ink across the front. Do not sign the check. You can also submit the first page of your Bank Statement, showing your Name and Account Number. If your designated account is a savings account, please ask your bank to provide you with the account's Routing Number and Account Number to ensure accurate remittance.**

ACCOUNT INFORMATION:

Please directly deposit my wages or salary into the following bank account:

Check Account Type: ☐ **Checking** ☐ **Savings**

Bank Name: _____

Bank City/State: _____

Routing Number: _____

Account Number: _____

Note: If you have designated a checking account, please attach a voided check associated with that account.

Note: Three numbers are listed at the bottom of every check. The first number is the Routing/Transit Number. The second number is the Account Number. The third number is the Check Number (not required for this form).

Enrollment Authorization—PLEASE READ CAREFULLY BEFORE SIGNING:

I hereby voluntarily authorize my employer, Asset, to deposit any amount owed me by initiating credit entries to my account at the above indicated financial institution ("Bank"). In the event that funds are erroneously deposited into my account, I authorize Asset to debit or adjust my account by initiating debit entries to my account at the Bank for an amount not to exceed the original amount of the erroneous credit. Further, I authorize Bank to accept and to credit or debit any credit entries or debit entries indicated by Asset to my account.

I hereby attest that to the best of my knowledge the information I have provided on this form is true and accurate. Under no circumstances will I misrepresent the number of hours I have worked in the course of my employment with Asset, and hereby indemnify and hold Asset harmless for any loss or damages occasioned by such misrepresentations. I understand that I may withdraw from enrollment in Asset's Direct Deposit Program at any time by submitting to Asset written notice of my intent to withdraw in such time and such manner as to reasonably afford Asset and Bank the opportunity to act upon it.

Any dispute arising out of or in connection with this agreement, or breach thereof, if not otherwise resolved, shall be settled by arbitration in New York, New York, administered by the American Arbitration Association in accordance with its Employment Arbitration Rules and Mediation Procedures, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof. The arbitrators shall award to the prevailing party, if any, as determined by the arbitrators, all of its costs and fees. "Costs and fees" mean all reasonable pre-award expenses of the arbitration, including the arbitrators' fees, administrative fees, travel expenses, out-of-pocket expenses such as copying and telephone, court costs, witness fees, and attorneys' fees.

Employee Signature: _____ **Date:** _____

Receipt Confirmed by: _____ **Date of Receipt:** _____

Upon completion, return this original form to your Asset representative.