



ACE STAFFING

DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name: _____

Account Number: _____

Routing Number: _____

I HEREBY AUTHORIZE MY EMPLOYEE TO DIRECT DEPOSIT MY PAYROLL CHECK IN THE ABOVE LISTED CHECKING/SAVINGS ACCOUNT AT THE

_____ BANK

Signature: _____ Date: _____

HEALTH INSURANCE INFORMATION

ACE STAFFING PROVIDES A COMPRESIVE HEALTH INSURANCE PLAN FOR OUR EMPLOYEES.

PLEASE GO TO OUR WEBSITE www.cestaffing.com go to employee and then HEALTH CARE FORMS.

IF YOU NEED FUTHER INFORMATION PLEASE CONTACT YOUR RECRUITER OR EMAIL HEALTH@ACESTAFFING.COM

Signature: _____ Date: _____