



DIRECT DEPOSIT AUTHORIZATION

Please complete this form only if you wish to sign up for automatic direct deposit with the bank of your choice for no additional charge:

Employee name (as appears on account) _____

Employee SSN _____

Bank #1 -- Deposit \$ _____ or _____ % to:

Bank Name _____

Bank Account Number _____

ACH Routing Number (9 digits) _____

Account type _____ Checking _____ Savings

Bank #2 -- Deposit all the remainder to:

Bank Name _____

Bank Account Number _____

ACH Routing Number (9 digits) _____

Account type _____ Checking _____ Savings

I understand that by signing this agreement, I authorize MedTeam Staffing to begin making automatic deposits into the account specified above, and if necessary, to make debit entries and/or adjustments for any credit entries in error. I am aware that this agreement will commence immediately, or when received and processed by my financial institution, and will continue as specified until I have given reasonable written notice for its termination.

Employee signature _____ Date _____

IMPORTANT: Attach a voided check to the bottom of this application

