

# Medical Temporaries, Inc.

## Authorization for Direct Deposits – Employee Form

This authorizes Medical Temporaries, Inc. to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account indicated below. This authorizes the financial institution holding the account to post all such entries. **This also authorizes Medical Temporaries, Inc. to withhold \$0.99 per paycheck which is the cost of the service.**

### Employee Account Information

Account Type (e.g. Checking or Savings) \_\_\_\_\_

Employee Bank Name \_\_\_\_\_

Branch \_\_\_\_\_

City, State \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing Number (ABA#) \_\_\_\_\_

**You must attach a voided check from this account.**

This authorization will be in affect until Medical Temporaries, Inc. receives a written termination notice from myself and has a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
For Office Use

Date Received \_\_\_\_\_ Date Entered in System \_\_\_\_\_

Date Canceled in System \_\_\_\_\_ Bookkeeper Name \_\_\_\_\_