URGENT MEDICAL
STAFFING SOLUTIONS

DIRECT DEPOSIT AUTHORIZATION

Instructions:

1. Please complete each line below. Please print in ink.
2. For Direct Deposit to your Checking Account, **attach voided check**.
3. For Direct Deposit to your Savings Account, **attach a pre-printed Savings Account deposit slip**.
4. **Employee signature required for all requests.**

Please Note: Activation and/or revisions to direct deposit require a minimum of ten (10) business days to process. (you will receive live checks during activation or revision period).

☐ New Applicant ☐ Change Current Information ☐ Cancel my direct deposit

First Name	Last Name	Social Security Number
Address	City/State	Zip Code
Name Of Bank	Location (city/state)	Bank Telephone Number

Account Number

Bank ABA/ Routing Number

Account Type: ☐ Checking Account (voided check) ☐ Savings (deposit slip)

ATTACH VOIDED CHECK OR DEPOSIT SLIP BELOW

I hereby authorize Urgent Medical Staffing Solutions to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same to such accounts.

The authority is to remain in effect until revoked by me in writing or by termination of my employment with Urgent Medical Staffing Solutions.

Signature _____ Date _____

Please fax completed form to 717-326-1395

FOR PAYROLL USE ONLY
Date Received_____ **Date Entered**_____

• 315 West James St. • Suite 103 A• Lancaster, PA 17603 • ☏ 717-925-1120 • 🖷 717-326-1395 •