

Please complete, date and sign.

Employee Name: _____

Date: _____

If you are receiving live checks or would like your earnings statement mailed to you via USPS each week, please enter the address you would like to have them sent to:

Street, City, State, Zip

If you would prefer to have your statements emailed to you each week, please enter your email address:

BREAK IN SERVICE MORE THAN 30 DAYS (MUST RETURN FORM): If you had direct deposit on a previous assignment, but had a break in service, you must return this form and indicate one of the following:

Continue my previous direct deposit to Account # _____

Add new direct deposit account (fill out "new direct deposit accounts" section)

CANCELING OR REPLACING A DIRECT DEPOSIT ACCOUNT:*

Cancel Direct Deposit Account # _____ EFFECTIVE IMMEDIATELY

Cancel Direct Deposit Account # _____ After New Account is Set-Up (Fill out below)

**Cancellation requests received in payroll by Noon on Tuesdays will take effect with the following paycheck.*

TO SET UP ALL NEW DIRECT DEPOSIT ACCOUNTS: If depositing your entire check into the first account, you may write "FULL" in the amount. If depositing into more than one account, one account must list an exact dollar amount, and you may write "BALANCE" in the other amount section.

First Direct Deposit Account

New Direct Deposit Change To Account Cancel

Savings Account Checking Account AMOUNT TO BE DEPOSITED: \$ _____

Bank Name _____ Branch Location _____

Bank ABA/Transit# _____ Bank Account _____

Second Direct Deposit Account – Balance Remaining after First Direct Deposit (Leave blank if full amount deposited to 1st account)

New Direct Deposit Change To Account Cancel

Savings Account Checking Account AMOUNT TO BE DEPOSITED: \$ _____

Bank Name _____ Branch Location _____

Bank ABA/Transit# _____ Bank Account _____

****In order to set up your direct deposit, we will need a voided check or typed verification from your bank which must include your name, type of account (ie checking or savings), your bank's ABA routing # and your account #. ****

AUTHORIZATION

I hereby authorize and request CoreMedical Group hereinafter referred to as "Company", to make payment of any amount owed to me by initiating credit entries or adjustment entries to my account(s), as indicated above, to the Banking Institution named above, hereinafter referred to as "Bank". I authorize and request said "Bank" to accept any credit entries or adjustment entries indicated by "Company" to such account(s), and to enter the same to such account(s), without responsibility for the correctness thereof.

It is understood that I may terminate this agreement at any time by written notification to the "Company" and to the "Bank". Any such notification to "Company" shall be effective only with respect to entries initiated by "Company" after receipt of such notification and a reasonable opportunity to act on it. Any such notification to "Bank" shall be effective only with respect to entries credited to my account(s) by "Bank" after receipt of such notification and a reasonable time to act on it.

*Joint Account: If the account you select is a JOINT ACCOUNT, both parties must execute their signature indicating acceptance.

Employee Signature

Date

Joint Account Holder Signature

Date