

**FAST PACE MEDICAL  
STAFFING**

DIRECT DEPOSIT AGREEMENT FOR AUTOMATIC DEPOSITS

NEW                       EDIT                       VOID

I HEREBY AUTHORIZE FAST PACE MEDICAL STAFFING (HEREINAFTER CALLED COMPANY) TO INITIATE CREDIT ENTRIES TO MY CHECKING AND/OR SAVINGS ACCOUNT INDICATED BELOW AND THE BANK NAMED BELOW TO CREDIT THE SAME TO SUCH ACCOUNT(S).

1) BANK NAME/CITY/STATE \_\_\_\_\_  
BANK PHONE NUMBER \_\_\_\_\_  
BANK ROUTING NO. \_\_\_\_\_  
 CHECKING    SAVINGS      ACCT # \_\_\_\_\_  
\$\$ AMOUNT \_\_\_\_\_ FROM EACH PAYCHECK

2) BANK NAME/CITY/STATE \_\_\_\_\_  
BANK PHONE NUMBER \_\_\_\_\_  
BANK ROUTING NO. \_\_\_\_\_  
 CHECKING    SAVINGS      ACCT # \_\_\_\_\_  
\$\$ AMOUNT \_\_\_\_\_ FROM EACH PAYCHECK

3) BANK NAME/CITY/STATE \_\_\_\_\_  
BANK PHONE NUMBER \_\_\_\_\_  
BANK ROUTING NO. \_\_\_\_\_  
 CHECKING    SAVINGS      ACCT # \_\_\_\_\_  
\$\$ AMOUNT \_\_\_\_\_ FROM EACH PAYCHECK\*\*

**\*\*NOTE: YOUR LAST OPTION WILL BE THE REMAINING BALANCE OF YOUR NET PAY**

A VOIDED CHECK OR OTHER WRITTEN DOCUMENTATION ON BANK LETTERHEAD IDENTIFYING THE NAME ON THE ACCOUNT, THE BANK ROUTING NUMBER AND ACCOUNT NUMBER(S) MUST BE ATTACHED TO THIS FORM BEFORE REQUEST CAN BE PROCESSED.

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL COMPANY HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD COMPANY A REASONABLE OPPORTUNITY TO ACT ON IT.

EMPLOYEE NAME \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Corporate office use only			
EFT			
Pre-Note			