



Dental & Medical

Staffing, Inc.

Employee Direct Deposit Authorization

Instructions \_\_\_\_\_

Employee: Fill out and return to your employer.

Employer: Save for your files only.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do not send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Account 1 \_\_\_\_\_

Account 1 type:  Checking  Savings

Bank routing number (ABA number): \_\_\_\_\_

Account number: \_\_\_\_\_

Percentage or dollar amount to be deposited to this account: \_\_\_\_\_

Account 2 (remainder to be deposited to this account) \_\_\_\_\_

Account 2 type:  Checking  Savings

Bank routing number (ABA number): \_\_\_\_\_

Account number: \_\_\_\_\_

attach a voided check for each account here

Authorization (enter your company name in the blank space below) \_\_\_\_\_

This authorizes Dental Medical Staffing, Inc. (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: \_\_\_\_\_ E-mail: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_