



Authorization of Direct Deposit

The undersigned (hereafter referred to as the "employee") hereby authorizes and requests Premier Medical Texas to make deposits from time to time in the account(s) identified below and authorizes the bank to accept such deposits. It is agreed that these deposits may be made electronically and under the Rules of the National Automated Clearing House Association. It is agreed that Premier Medical Texas is only responsible for direct deposit of funds that have previously been received from _____ hereafter referred to as the "employer".

Attach a voided check, copy of a check, or spec sheet for each account. Indicate whether it is a checking or saving account. (No deposit slips)

1. Call your bank and confirm the **ACH Routing Number(s)** and Account numbers for **Checking and/or Savings**
2. Complete and Sign the form

Main Account (Net Pay) - Checking or Savings Account (circle one)

Acct # _____

ACH Routing # / _ / _ / _ / _ / _ / _ / _ / _ / _ /

Bank Name _____

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____

ACH Routing # / _ / _ / _ / _ / _ / _ / _ / _ / _ /

Bank Name _____

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____

ACH Routing # / _ / _ / _ / _ / _ / _ / _ / _ / _ /

Bank Name _____

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____

ACH Routing # / _ / _ / _ / _ / _ / _ / _ / _ / _ /

Bank Name _____

Additional Account - Checking or Savings Account (circle one)

Acct # _____ Dollar Amount _____

ACH Routing # / _ / _ / _ / _ / _ / _ / _ / _ / _ /

Bank Name _____

Employee Name _____ **SS#** _____ / _____ / _____

Address _____ **City** _____ **State** _____ **Zip** _____

Employee Signature _____