

DIRECT DEPOSIT FORM

This is an authorization agreement for automatic deposits (ACH Credits).

Company/Employer Name

DENTAL PRO TEMPS

I authorize the above named Company/Employer and the financial institution listed below to electronically deposit my net pay to the specified account each payday:

Checking Account Savings Account

Bank Name

Routing Number

Account Number

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If monies to which I am not entitled are deposited to my account, I authorize my Company/Employer to direct the financial institution to return said funds.

This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing or upon termination of my employment with said Company/Employer.

PRINT Name	Social Security Number
Signature	Date

Indicate the amount you want deposited per pay period.

- Entire check amount
(100% every check)
- _____ % check
(for example, 50% of every check)
- \$ _____ per check
(fixed dollar amount, such as \$350)

		date _____
<i>pay to the order of</i>	VOID	\$ _____
_____	_____	_____
Routing Number	Account Number	signature

Return this completed form to your Company/Employer.