

# Authorization for Direct Deposit



Serving Pharmacists and Pharmacies

Employee Name (please print) \_\_\_\_\_

Employee Number \_\_\_\_\_

I would like to make the following changes:

Replace all existing accounts/set up new accounts

Or

Add/change account(s) listed below

Date to begin the direct deposit or the changes listed \_\_\_\_\_

1. _____ <i>Transit Number (9 digits)</i>	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
_____	_____	<input type="checkbox"/> \$ <input type="checkbox"/> % <i>Dollar or Percent</i>
<i>Account Number (usually 10 digits)</i>	<i>Amount</i>	
Name of Financial Institution _____		

2. _____ <i>Transit Number (9 digits)</i>	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
_____	_____	<input type="checkbox"/> \$ <input type="checkbox"/> % <i>Dollar or Percent</i>
<i>Account Number (usually 10 digits)</i>	<i>Amount</i>	
Name of Financial Institution _____		

3. _____ <i>Transit Number (9 digits)</i>	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
_____	_____	<input type="checkbox"/> \$ <input type="checkbox"/> % <i>Dollar or Percent</i>
<i>Account Number (usually 10 digits)</i>	<i>Amount</i>	
Name of Financial Institution _____		

4. _____ <i>Transit Number (9 digits)</i>	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
_____	_____	<input type="checkbox"/> \$ <input type="checkbox"/> % <i>Dollar or Percent</i>
<i>Account Number (usually 10 digits)</i>	<i>Amount</i>	
Name of Financial Institution _____		

I authorize HealthPro Staffing & Placements and the financial institution(s) listed above to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account(s) each payday. This authority will remain in effect until I change it in writing or terminate my employment at HealthPro Staffing & Placements.

I understand that by authorizing HealthPro Staffing & Placements to initiate direct deposit, that I will not receive a paper copy of my pay stub. I understand that I will receive in place of a paper copy, access to an electronic pay stub which can be seen at <https://ipay.adp.com/> .

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Completed form should be faxed to 608-643-5147