

**STAT Medical Staffing**

**DIRECT DEPOSIT AUTHORIZATION OR CANCELLATION**

Full Legal Name: \_\_\_\_\_

Identification Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Bank Name/Branch: \_\_\_\_\_

Transit/Routing/ABA# \_\_\_\_\_

Account Number: \_\_\_\_\_

This is a (check one):     Checking Account     Savings Account

Check the appropriate item:

**Direct Deposit.**

The undersigned hereby requests and authorizes the entire amount of my paycheck each pay period to be deposited directly into the bank account named above.

**Direct payroll deduction deposit.**

The undersigned hereby requests and authorizes the sum of \_\_\_\_\_ dollars (\$ \_\_\_\_\_) be deducted from my paycheck each pay period and to be deposited directly into the bank account named above.

**I would like to cancel my deposit authorization.**

The undersigned hereby cancels the authorization for direct deposit or payroll deduction deposited previously submitted.

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

\_\_\_\_\_  
Date

NOTE: Please return this authorization along with a VOIDED CHECK on your account to:

STAT Medical Staffing