



**Paycheck Preference**

**Please indicate below how you would like to receive your paycheck:**

- Would you like to pick up your paycheck in our office?
- Would you like us to mail your paycheck to your home?
- Would you like us to ACH/direct deposit your paycheck into your bank account?
- Would you like us to load your paycheck onto a global paycard?
- 

**Please indicate below how often you would like to be paid:**

- Daily?
- 2-3 times per week?
- Weekly?

**Authorization to mail your paycheck to your home:**

By signing below, you are authorizing American Medical Personnel to mail your paycheck to the address you have provided. Please allow five business days for your check to arrive via snail mail.

Please be aware that American Medical Personnel does not accept responsibility for your paycheck once it leaves our office. That means that you accept the responsibility for any lost or stolen paychecks.

Should you require a replacement paycheck, your signature authorizes us to deduct \$30 from your replacement check in order to pay the stop payment fee to the bank.

Print your name \_\_\_\_\_  
 Address \_\_\_\_\_ Sign your full name above  
 City, State, Zip \_\_\_\_\_ Date \_\_\_\_\_

**Authorization to ACH/direct deposit your paycheck to your account:**

Name of Bank \_\_\_\_\_ Routing # \_\_\_\_\_  
 Branch Address \_\_\_\_\_ Account # \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

By signing below, you are authorizing American Medical Personnel to initiate electronic credit entries, and if necessary, debit entries, into the account named above. You also understand that ACH/direct deposit will remain in force until you have provided American Medical Personnel with written authorization to terminate your ACH/direct deposit. Please allow three full business days for paycheck funds to be deposited into your account.

\_\_\_\_\_  
 Print your full name above                      Sign your full name above                      Date