

**Medical Temporaries, Inc.  
&  
Allstaff Pros**

**Authorization for Direct Deposits – Employee Form**

**This Authorizes Medical Temporaries, Inc. or Allstaff Pros to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account indicated below. This authorizes the financial institution holding the account to post all such entries. This also authorizes Medical Temporaries, Inc. or Allstaff Pros to withhold \$1.25 per paycheck which is the cost of the service.**

**Employee Account Information**

Account Type (e.g. Checking or Savings) \_\_\_\_\_

Employee Bank Name \_\_\_\_\_

Branch \_\_\_\_\_

City, State \_\_\_\_\_

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

Bank Routing Number (ABA#) \_\_\_\_\_

**You must attach a voided check or bank document from this account.**

This authorization will be in effect until Medical Temporaries, Inc. or Allstaff Pros receives a written termination notice from myself and has a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
For Office Use

Date Received \_\_\_\_\_ Date Entered in System \_\_\_\_\_

Date Canceled in System \_\_\_\_\_ Bookkeeper Name \_\_\_\_\_