

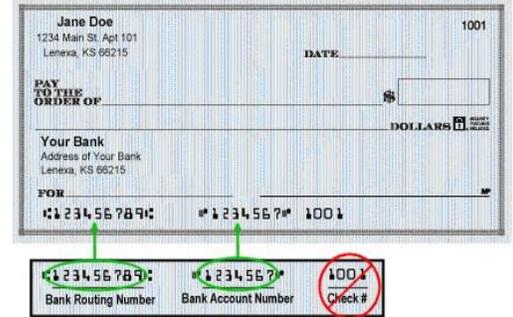
## Direct Deposit Agreement Form

### Authorization Agreement

I hereby authorize Bulldog Medical Staffing to initiate automatic deposits to my account at the financial institution named below. I also authorize Bulldog Medical Staffing to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Bulldog Medical Staffing responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Bulldog Medical Staffing receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.



### Account Information

Direct Deposit

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

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

Checking |  Savings

Paycard

Paycard Number: \_\_\_\_\_

By providing the information requested above and signing below, I hereby elect and consent to receive my wages, including but not limited to off cycle wage payments and wage payments upon discharge, by electronic transfer of wages to a paycard. In addition, to the extent permitted by applicable law, I hereby authorize Bulldog Medical Staffing to make all of my deposits and deposit adjustments, including those involving off cycle wage payments and wage payments upon discharge, to my paycard, and I authorize the bank where such funds are deposited to accept such deposits and make such adjustments. I acknowledge I have received a copy of the terms, conditions, and fees associated with using such paycard. This authorization shall remain in effect until fourteen (14) days after Bulldog Medical Staffing receives written notice from me terminating my authorization.

### Signature

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a voided check or deposit slip and return this form to the Payroll Department.