



Direct Deposit Form

The Accounting Department has been requested by the Banking Association to maintain a signed statement on file authorizing Core Medical Group, Inc. to electronically transfer payroll funds to your account. Following your review of the information below, please sign and date in the space provided.

Employee Name: _____ Date: _____

BREAK IN SERVICE MORE THAN 60 DAYS (MUST RETURN FORM): If you had direct deposit on a previous assignment, but had a break in service of more than 60 days, you must return this form and indicate one of the following:

Continue my previous direct deposit Add new direct deposit account (fill out "new direct deposit accounts" section)

REPLACING A DIRECT DEPOSIT ACCOUNT:

Cancel Direct Deposit Account # _____ EFFECTIVE IMMEDIATELY
 Cancel Direct Deposit Account # _____ After New Account is Set-Up (Fill out below)

TO SET UP ALL NEW DIRECT DEPOSIT ACCOUNTS: If depositing your entire check into the first account, you may write "FULL" in the amount. If depositing into more than one account, one account must list an exact dollar amount, and you may write "BALANCE" in the other amount section.

First Direct Deposit Account

New Direct Deposit Change To Account Cancel
Savings Account Checking Account AMOUNT TO BE DEPOSITED: \$ _____
Bank Name _____ Branch Location _____
Bank ABA/Transit# _____ Bank Account _____

Second Direct Deposit Account – Balance Remaining after First Direct Deposit (Leave blank if full amount will be deposited to the first account)

New Direct Deposit Change To Account Cancel
Savings Account Checking Account AMOUNT TO BE DEPOSITED: \$ _____
Bank Name _____ Branch Location _____
Bank ABA/Transit# _____ Bank Account _____

- Direct Deposit set up and account changes take between 2-3 pay periods to set up.
- For new direct deposits, a voided check with name and address is required and must be attached to this form.

AUTHORIZATION

I hereby authorize and request Core Medical Group, Inc., hereinafter referred to as "Company", to make payment of any amount owed to me by initiating credit entries or adjustment entries to my account(s), as indicated above, to the Banking Institution named above, hereinafter referred to as "Bank". I authorize and request said "Bank" to accept any credit entries or adjustment entries indicated by "Company" to such account(s), and to enter the same to such account(s), without responsibility for the correctness thereof.

It is understood that I may terminate this agreement at any time by written notification to the "Company" and to the "Bank". Any such notification to "Company" shall be effective only with respect to entries initiated by "Company" after receipt of such notification and a reasonable opportunity to act on it. Any such notification to "Bank" shall be effective only with respect to entries credited to my account(s) by "Bank" after receipt of such notification and a reasonable time to act on it.

Joint Account: If the account you select is a JOINT ACCOUNT, both parties must execute their signature indicating acceptance.

Employee Signature

Date

Joint Account Signature

Date