



The Right Beat...For
Your Staffing Needs

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www.medplusstaffing.cc

ACH DIRECT DEPOSIT AUTHORIZATION

I hereby authorize MedPlus Staffing, LLC., hereinafter called **COMPANY**, to initiate credit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my checking or savings account indicated below and the financial institution named below to credit (or debit) the same to such account.

- Savings
- Checking

Financial Institution Name _____

City, State _____

Transit/Routing Number _____

Account Number _____

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

Employee Name _____

Social Security Number _____

Signature _____ Date _____

(Please attach a voided check below)