



**AUTHORIZATION AGREEMENT AUTOMATIC DEPOSITS (ACH CREDITS)**

I (we) hereby authorize Med Plus Staffing to initiate credit entries to my (our) account indicated below and Cumberland Valley National Bank, to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

\_\_\_\_\_ (Financial Institution Name) \_\_\_\_\_ (Branch)

\_\_\_\_\_ (Address) \_\_\_\_\_ (City/State) \_\_\_\_\_ (Zip Code)

\_\_\_\_\_ (Routing Number) \_\_\_\_\_ (Account Number)

Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_ Payroll Card

This authority is to remain in full force and effect until The Job Shop Staffing Services/Technical Staffing Solutions has received written notification from me (or either of us) of its termination in such time and manner as to afford Med Plus Staffing and Cumberland Valley National Bank a reasonable opportunity to act on it.

\_\_\_\_\_ (Print Individual Name) \_\_\_\_\_ (Address)

\_\_\_\_\_ (Print Social Security #) \_\_\_\_\_ (City, State, Zip)

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Phone)

\_\_\_\_\_ (Date) \_\_\_\_\_ (Driver's License #)

**\*\*It is solely the employee's responsibility to report account changes in writing to Med Plus Staffing. Once the funds have been deposited; they cannot be withdrawn and placed in another account.**