

DIRECT DEPOSIT AUTHORIZATION FORM

Please fax to 516-706-4203

The authorization form provided below gives Staff-Smart Medical Staffing
(your employer) and your financial institution authority to deposit your pay directly into your
account.

INSTRUCTIONS:

1. Fill in your name, your bank's name, location and the date.
2. Mark the box to indicate whether your pay will be deposited in your checking or savings account.
3. Please fill in your bank's routing and account numbers.
4. Please be sure to sign the form.
5. Return the completed form to Staff-Smart Medical Staffing.

AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSIT

I authorize Staff-Smart Medical Staffing (my employer) and the bank indicated below to
deposit my net pay automatically each payday. If monies to which I am not entitled are deposited to
my account, I authorize my employer to direct the bank to return said funds. This authority will
remain in effect until I have cancelled it in writing.

Bank Name: _____

Branch Address: _____

City, State, Zip Code: _____

Bank ID Number: _____

Routing number

Account Number

Checking

Savings

Name (Please Print): _____ Date: _____

EMPLOYEE SOCIAL SECURITY NUMBER:

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Employee Signature