

MEDITASK, LLC  
SELECT PRACTICE MANAGEMENT

**Employee New Hire w/ Direct Deposit Authorization**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

Apt # \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Hire \_\_\_\_\_

Pay Rate \_\_\_\_\_ Department \_\_\_\_\_

Gender [Male] or [Female] Fed Status [Single] or [Married]

Deductions \_\_\_\_\_ Extra WH \_\_\_\_\_% or \$ \_\_\_\_\_

Important! Please read and sign before completing and submitting. I hereby authorize Employer, either directly or through its payroll service provider, to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Employer, either directly or through its payroll service provider, to my account. In the event that Employer deposits funds erroneously into my account, I authorize Employer, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Employer and Bank have received written notice from me of its termination in such time and in such manner as to afford Employer and Bank reasonable opportunity to act on it.

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate: CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_

**Tape VOID Personal Check or Savings Account Deposit Slip Here**