

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