

MedTrust Staffing Co

(Print and complete form, scan, and send the completed and scanned document to infor@medtruststaffingcompany.com)

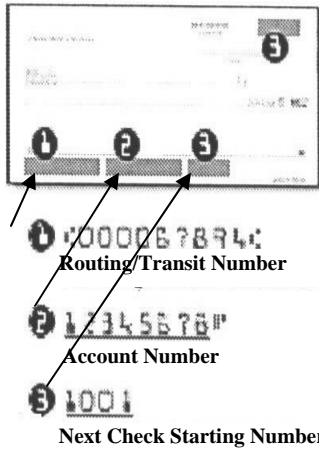
Employee Direct Deposit Enrollment Form

Payroll Company: ADP
Company: Medical Staffing Partners

Payroll Mgr Name: Linda Walters
Company Code: 9KP

To enroll in Full Service Direct Deposit, fill out this form and give it to your payroll manager. Attach a voided check for each checking account – **NOT A DEPOSIT SLIP**. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample of a check MICR line, detailing where the necessary information to complete this form can be found.



Important! Please read and sign before completing and submitting.

I hereby authorize Medical Staffing Partners to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter 'Bank') indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Medical Staffing Partners to my accounts. In the event that Medical Staffing Partners deposits funds erroneously into my account, I authorize Medical Staffing Partners to debit my account for any amount not to exceed the original amount of the erroneous credit.

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

Employee Name: _____ Social Security: _____-_____-_____

Employee Signature: _____ Date: _____

Account Information

1. Bank Name/City/State: _____
 Routing/Transit #: _____ Account # _____
 Checking Savings Other Please deposit \$ _____ Entire Amount

2. Bank Name/City/State: _____
 Routing/Transit #: _____ Account # _____
 Checking Savings Other Please deposit \$ _____ Entire Amount

Attention Payroll Manager: Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years afterwards.