



# MedCorp

**MOBILE MEDICAL SERVICES**

## DIRECT DEPOSIT AUTHORIZATION

Employee: \_\_\_\_\_

Social Security# \_\_\_\_\_ Clock# \_\_\_\_\_

Account 1# \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Routing# \_\_\_\_\_

Bank Name and Phone Number \_\_\_\_\_

Entire Net Pay \_\_\_\_\_ Specific Dollar Amt \$\_\_\_\_\_.00

Voided Check \_\_\_\_\_ Bank Letter \_\_\_\_\_

Account 2# \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Routing# \_\_\_\_\_

Bank Name and Phone Number \_\_\_\_\_

Entire Net Pay \_\_\_\_\_ Specific Dollar Amt \$\_\_\_\_\_.00

Voided Check \_\_\_\_\_ Bank Letter \_\_\_\_\_

I hereby authorize my weekly paycheck to be deposited in to the bank account(s) listed above. I have read the information above carefully and verify that it is correct.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date