



## Direct Deposit Authorization

Direct Deposit allows Liberty Medical Staffing, LLC to deposit your pay and reimbursements directly into your bank account. Alternatively checks will be mailed out via USPS.

Return completed form via fax to: **(877) 907-6576**

**Select one:**

- Set-up a Direct Deposit
- Change My Bank
- Cancel My Direct Deposit

**Bank Information:**

Bank Name: \_\_\_\_\_

ABA/Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Account Type:  Checking  Savings

**Personal Information:**

Payee Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Payee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize Liberty Medical Staffing and the financial institutions named above to initiate deposits to my account. I also authorize the financial institutions named above to credit the same account to make any adjustments for any over deposits.

\*\*\*Attach Voided Check\*\*\*