

**DIRECT DEPOSIT FORM**

Provider Name/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security #/Tax ID #: \_\_\_\_\_

Please deposit my payment into the following account:

Account Type

TRANSIT/ABA NUMBER

ACCOUNT NUMBER

**Checking Account**  
(Attach a voided CHECK)

\_\_\_\_\_

\_\_\_\_\_

**Savings Account**  
(Attach a blank DEPOSIT SLIP)

I hereby authorize LocumTenens.com to deposit my check each pay period directly into my account of choice. This authorization will activate my direct deposit on the next payment date following receipt by the Accounting Department and remain in effect until I have terminated it in writing or until LocumTenens.com has notified me that this deposit service is no longer available. If I need to make changes to my account selection, I understand that I must give advance notice to allow reasonable time for making these changes. I authorize my bank to honor LocumTenens.com's instructions to refund any amount it has deposited to my account.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Attach voided check or deposit slip here.**