

Employee # _____ (To be completed by Home Office)

Authorization Agreement for Direct Deposit

I hereby authorize **Integrity Rehab Services, LLC.**, hereinafter called COMPANY, to initiate entries to my checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit/debit the same to such account.

EMPLOYEE NAME: _____

TRANSIT/ABA NO: _____

ACCOUNT NO: _____

Check the appropriate item:

_____ **Direct Deposit**

The undersigned hereby requests and authorizes the entire amount of my paycheck, each pay period, to be deposited into the bank checking account named above.

_____ **I would like to cancel my direct deposit; authorization for a Money Network pay card is attached.**

The undersigned hereby cancels the authorization for direct deposit previously submitted. I also understand that by cancelling this request, I must authorize deposit of my paycheck onto the Money Network Visa Bankcard administered by Bank of America.

Authorization Agreement: I hereby authorize **Integrity Rehab Services, LLC.** to deposit my paycheck each payday directly into the accounts named above. This authority will remain in force until I have given written notice that I am terminating it, or until my employer has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If an incorrect deposit should be made into my account, I authorize my bank and **Integrity Rehab Services, LLC** to make the appropriate adjustment(s).

PRINT NAME: _____ DATE: _____

SIGNATURE: _____

Attach voided check for checking accounts
Direct Deposit requests WILL NOT be processed without this information

Jane A. Doe 1000 Main St. Anywhere, USA. 10001	Date _____	3680
PAY TO THE ORDER OF _____	\$ _____	
MEMO _____	x _____	
I: 123456789	I: 11484620040 II' 3680	

TRANSIT/ABA No.

Account No.