



Direct Deposit Authorization Form

Accept Direct Deposit       Decline Direct Deposit

I here by authorize **Pacific Locums** and its entities, hereinafter called **COMPANY**, to initiate credit entries and to initiate if necessary, adjustments for any credit entries in error to my checking and / or savings account indicated below at the depository named below. This authority is to remain in full force and effect until **COMPANY** has received written notification from me of its termination in such time and in such a manner as to afford **COMPANY** and Deposit Institution a reasonable opportunity to act on it.

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

Checking or Savings?    Checking       Savings

Name of Deposit Institution \_\_\_\_\_

City, State \_\_\_\_\_

**Please attach a copy of a voided check.**

If declining Direct Deposit, please complete the information below. Please allow 7 to 10 business days to receive check via standard delivery times with the United States Postal Service.

Candidate Name \_\_\_\_\_

Address where check is to be mailed:

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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

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

**Candidate Signature** \_\_\_\_\_

**Date** \_\_\_\_\_