



Please check your payment preference:

- I prefer a paper check be mailed to me at the address below
- I prefer direct deposit and will send in a copy of a voided check (complete the entire form below)

If no box is checked, default payment will be a paper check

Personal Information

Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Account Information

Bank Name: _____

Branch Address: _____

Branch City, State, Zip: _____

Routing Number: _____

Account Number: _____

Deposit to:

- Checking
- Savings

Agreement for Direct Deposit

I authorize Medestar to automatically deposit my payroll check into my account listed above. (This includes authorization to correct any entries made in error.) This authorization will remain in effect until I give written notice to cancel it.

I understand that I need to fax or email this completed form along with a copy of a voided check or bank issued direct deposit form to 214-276-1954 or logistics@medestar.com for my Direct Deposit setup to be completed. If completing this form via DocuSign, I will fax or email a copy of a voided check or bank issued direct deposit form upon completion of this form.

Signature

Date