



Medical Staffing Solutions
 16 East Main Street Forsyth, GA 31029
 Office: 478-974-0075 or 1-800-732-2346
 Fax: 478-974-0040
 www.staffreliefinc.com

Authorization for Direct Deposits – Employee Form

This authorizes Staff Relief Inc. to send credit entries (and appropriate debit and adjustment entries) electronically or by any other commercially accepted method to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the “Account”). This authorizes the financial institution holding the Account to post all such entries.

Account #1

Deposit (Amount or %)	
Account Type (Checking or Savings)	
Employee Bank Name	
Branch	
City, State	
Account Number	
Bank Routing Number (ABA#)	

Account #2

Deposit (Amount or %)	
Account Type (Checking or Savings)	
Employee Bank Name	
Branch	
City, State	
Account Number	
Bank Routing Number (ABA#)	

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature	
Printed Name	
Date	