



TEMPORARY AND PERMANENT DENTAL PERSONNEL
DENTISTS • DENTAL HYGIENISTS • DENTAL ASSISTANTS • OFFICE STAFF
SERVING: MA, CT, RI & NH • 1-800-462-TEMP

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize RDH Temps, Inc (hereinafter "Company"). to deposit any amounts owed me by initiating credit entries to my account at the financial institutions (hereinafter "Bank") indicated below. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my account. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credits.

EMPLOYEE INFORMATION (please print unless specified)

Employee name: _____

Social Security Number: _____

Address: _____

Telephone Number: _____

CHECK ONE:

Begin Deposit Change Information Cancel Direct Deposit

BANK INFORMATION:

Bank Name: _____

City and State: _____

Account Number: _____

Routing & Transit Number (from check): _____

Check One: Checking Savings

ATTACH VOIDED CHECK FOR EACH CHECKING ACCOUNT, AND/OR ATTACH DEPOSIT SLIP FOR EACH SAVINGS ACCOUNT.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

Employee Signature: _____

Date: _____