



Expert Anesthesia.
Smart Care.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

To sign up for Direct Deposit, the employee needs to fill in the information requested in sections 1 through 3, read section 4, and sign where indicated.

****ATTACH A VOIDED CHECK**

=====

If this is a new account, you need to:

1. Already have an account set up at your bank.
 2. Find out if they accept direct deposits and if you need to do anything special.
 3. Verify your bank's transit routing number and your account number (including dashes).
- =====

SECTION 1 - (Please write clearly)

Please check the reason you are completing this form:

A new direct deposit account (complete section 2, 3 and 4).

A new direct deposit account to replace a prior direct deposit account already set up (complete section 2, 3 and 4). **NOTE:** What account are you replacing? _____

Direct deposit already set up, changing dollar amount only (complete section 2 and 4).

Canceling account (complete section 2 item G, and section 4).

NOTE: Do not close an account unless you cancel it through your payroll department first.

SECTION 2 - (Please write clearly)

A. Name of Financial Institution: _____

B. Telephone number of Financial Institution: _____

C. Please check type of account: Checking ****ATTACH A VOIDED CHECK**

 Savings

 Other (Please specify): _____

D. Bank Routing Number:

E. Bank Account Number:

F. Please check your selection: Full Deposit

 Partial Deposit: _____ (amount per pay check)

SECTION 2 (continued...)

If you are canceling a direct deposit account number please complete the following:

G. Bank Account Number(s) you are canceling direct deposit on:

***Your account number will be pre-noted for 10 days after input. Direct deposit will not begin until account is verified.

SECTION 3

Please indicate what you would like us to do with actual payroll checks generated during the set-up process of your direct deposit request:

- Mail my check to my home.

- Hold my check at the OAG office and contact me to pick up.

SECTION 4

By signing this form I understand and agree to the following:

1. Oregon Anesthesiology Group, P.C. (herein referred to as OAG) is authorized to deposit my paycheck to the account I have requested on page one of this form. Unless specified in section one of this agreement, this form does not void any other direct deposit agreement I have on file with OAG.

2. OAG is authorized to debit my bank account in order to make payroll corrections. In the event this occurs, OAG will notify me of any corrections being posted.

3. Actual "live" checks may be generated during the verification process of my account information. In such an instance, OAG will handle my check the way I have requested in section three. Once an actual check leaves the OAG office, it is my responsibility to deposit it.

4. In the event that OAG issues me a actual (live) pay check in lieu of direct deposit, I understand that it is my responsibility to endorse the back of the check when presenting it to the bank for deposit.

I acknowledge that I have read and agree to the terms presented in this form:

Employee Signature: _____

Name (Printed): _____

Date: _____