



**EMPLOYEE - Required Information**

*PLEASE PRINT*

Employee Name \_\_\_\_\_

Social Security No. . \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employee Instructions:

1. Complete the employee required information section.
2. Complete the Direct Deposit sections to specify where you want your pay deposited.
3. Sign the bottom of the form & return to Lawyer's Staffing Inc./Medicus Staffing.

**Complete for DIRECT DEPOSIT**

**I would like my wages/salary deposited to the following bank account(s):**

Checking  
Bank Name \_\_\_\_\_  
(Attach only a void check, bank letter, or specification sheet.  
Deposit tickets not accepted.)

Savings  
Bank Name \_\_\_\_\_  
(Attach only a bank letter or specification sheet. Deposit  
tickets not accepted.)

I wish to deposit (check one):

- Entire Net Pay  
 \_\_\_\_\_ % of Net  
 Specific Dollar Amount \$ \_\_\_\_\_ .00

I wish to deposit (check one):

- Entire Net Pay  
 \_\_\_\_\_ % of Net  
 Specific Dollar Amount \$ \_\_\_\_\_ .00

**ATTACH ORIGINAL VOIDED CHECK**

*Lawyer's Staffing, Inc./Medicus Staffing Use Only*  
Routing No. \_\_\_\_\_ Account No. \_\_\_\_\_

I hereby authorize my employer, Lawyer's Staffing, Inc./Medicus Staffing, to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated above. Further, I authorize BANK to accept and to credit any credit entries indicated by Lawyer's Staffing, Inc./Medicus Staffing to my account. In the event that Lawyer's Staffing, Inc./Medicus Staffing deposits funds erroneously into my account, I authorize Lawyer's Staffing, Inc./Medicus Staffing to debit my account for an amount not to exceed the original amount of the erroneous credit. For my convenience, I request that Lawyer's Staffing, Inc./Medicus Staffing directly deposit my wages/salary earned from my employer, into my bank account.

This authorization is to remain in full force and effect until Lawyer's Staffing, Inc./Medicus Staffing has received written notice from me of its termination in such time and in such manner as to afford Lawyer's Staffing, Inc./Medicus Staffing a reasonable opportunity to act on it.

**Employee Signature** \_\_\_\_\_

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