



Holsman Healthcare, LLC  
 Healthcare Staffing and Consulting Services  
 Tel: 973-393-5545 / 973-759-1494 / 877-268-9100 Fax: 973-759-0557

## Automatic Deposit/Debit Authorization Agreement

I hereby authorize Holsman Healthcare, LLC to initiate credit entries to my personal checking/savings account and depository indicated below. I also authorize Holsman Healthcare to debit these accounts for payroll correction purposes only.

<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Change <input type="checkbox"/> Terminate	Name and Location of Bank, Credit Union or Savings Institute	Bank Transit/Rounting Number	Account Number	Amount to Deposit (e.g., 100% or \$200)
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Change <input type="checkbox"/> Terminate	Name and Location of Bank, Credit Union or Savings Institute	Bank Transit/Rounting Number	Account Number	Amount to Deposit (e.g., remainder or \$100)
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Change <input type="checkbox"/> Terminate	Name and Location of Bank, Credit Union or Savings Institute	Bank Transit/Rounting Number	Account Number	Amount to Deposit (e.g., remainder)
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Change <input type="checkbox"/> Terminate	Name and Location of Bank, Credit Union or Savings Institute	Bank Transit/Rounting Number	Account Number	Amount to Deposit (e.g., remainder)

This authority is to remain in full force and effect until Holsman Healthcare has received written notification from me of a change or termination in such time and in such manner as to afford Holsman Healthcare a reasonable opportunity to act on it. Holsman Healthcare may discontinue direct deposit at any time with or without notice. If Holsman Healthcare receives your information in a timely manner, direct deposit begins no later than your second check if your pay cycle is bi-weekly.

Name: \_\_\_\_\_  
 (Please Print)

Social Security #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE:**  
 PLEASE ATTACH A VOIDED PERSONAL CHECK FOR CHECKING ACCOUNTS  
 OR  
 BANK VERIFICATION FOR SAVINGS ACCOUNTS  
 (FOR EACH ACCOUNT YOU HAVE LISTED ABOVE)