



# MEDIC AIR SYSTEMS, INC.

## Direct Deposit Agreement Form

### Authorization Agreement

I hereby authorize Medic Air Systems, Inc. to initiate automatic deposits to my account at the financial institution named below. I also authorize Medic Air Systems, Inc. to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Medic Air Systems, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Medic Air Systems, Inc. receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

### Account Information

Name of Financial Institution: \_\_\_\_\_ % for this account

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_  Checking |  Savings  
 Refillable Debit Card

Name of 2<sup>nd</sup> Financial Institution: \_\_\_\_\_ % for this account

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_  Checking |  Savings  
 Refillable Debit Card

### Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a voided check or Bank acknowledgment and return this form to the Payroll Department.