

## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I, \_\_\_\_\_ authorize Pottstown Medical Specialists, Inc. to initiate automated credits (deposit entries) through Sovereign Bank according to the specifications below:

Account information - for verification purposes: if crediting a checking account, attach a voided check; if crediting a savings account, attach a deposit ticket. Indicate the dollar amount being deposited, or write "Net" if the entire amount (or remaining net amount if depositing into more than one account) is to be deposited

Account type:   ___  Checking   ___  Savings
Bank name:
City & State:
Account number:
ABA transit number:
Dollar Amount (or Net)

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Bank name:
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Dollar Amount (or Net)

This authorization verifies that Pottstown Medical Specialists, Inc. has received written notification from me to begin direct deposit of my paycheck.

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

\_\_\_\_\_  
Date