



**CHESAPEAKE**  
MEDICAL STAFFING

2401 York Road ▪ Timonium, MD 21093 ▪ Phone (410) 321.4267 ▪ Fax (410) 321.4980

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## Direct Deposit Authorization

*I hereby authorize Chesapeake Medical Staffing, LLC, to initiate credit entries and to initiate, if necessary, debit and adjustments for any credit entries made in error, to my Checking and/or Savings Account(s) indicated below and the bank named below, to credit and/or debit the same to such account. This authority is to remain in full force and effect until CMS has received written notification from me of its termination in such time and in such manner as to afford CMS a reasonable opportunity to act on it.*

**Please deposit my paycheck into the following (attach a voided check for checking accounts):**

Dollar (\$) Amount: \_\_\_\_\_      \_\_\_\_\_ Checking      \_\_\_\_\_ Savings  
Account #: \_\_\_\_\_      Name of Bank: \_\_\_\_\_  
ABA Routing #: \_\_\_\_\_      City & State: \_\_\_\_\_  
(Always 9 digits)

Dollar (\$) Amount: \_\_\_\_\_      \_\_\_\_\_ Checking      \_\_\_\_\_ Savings  
Account #: \_\_\_\_\_      Name of Bank: \_\_\_\_\_  
ABA Routing #: \_\_\_\_\_      City & State: \_\_\_\_\_  
(Always 9 digits)

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**Please cancel the following:**

Account #: \_\_\_\_\_      Name of Bank: \_\_\_\_\_  
ABA Routing #: \_\_\_\_\_      City & State: \_\_\_\_\_

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**You must sign and date this form:**

\_\_\_\_\_  
**Printed Name**

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

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