



**MEDsearch Financial, Inc. & Vensure HR Services
Payroll Direct Deposit**

Please fill out this form, print and fax to: 562-961-6933

Authorization Agreement

I, _____ (print name), hereby authorize MEDsearch /Vensure HR Services to initiate deposits (credits) of my net pay and/or corrections to the previous credits to my checking or savings account at the financial institution(s) named on this form.

I understand and acknowledge that my election to use this account is completely optional on my part. I understand that I am solely responsible for the accuracy of the information I have submitted on this form. It is my responsibility to notify my employer of any changes or corrections to my financial institution account information.

Account Information

Name on Account: _____
Bank Name: _____
Bank Routing /ABA # _____
Account Number: _____

Signature

Authorized Signature : _____ **Date:** _____

I have secured a voided check below to support the above information.
(Checking Accounts Only)

SECURE VOIDED CHECK HERE
SECURE WITH TAPE – DO NOT USE STAPLES

For Off-Site Fax Registration, send to:
562.961.6933

PAYROLL VENDOR USE

Date Prenoted: _____
Date Active: _____

Revised: 11/20/2015