



HealthTeam Advantage

Direct Deposit Agreement Form

Authorization Agreement

I (we) hereby authorize HealthTeam Advantage to initiate automatic deposits to my (our) checking/savings account at the financial institution named below. I also authorize HealthTeam Advantage to initiate adjustments for any transactions credited/debited or make withdrawals from this account in the event that a credit entry is made in error.

Further, I (we) agree not to hold HealthTeam Advantage 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 (our) account.

This agreement will remain in effect until HealthTeam Advantage receives a written notice of cancellation from me or my financial institution, or until I (we) submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____




Address of Financial Institution:
Branch, City, State, and Zip _____

Amount (Set Amount or Max Amount): _____

Routing Number: _____

Account Number: _____

Checking | Savings

Example:  1 23456789  1 234567890 123 

Routing Number Account Number

Signature

Authorized Signature (Primary): _____ Date: _____

Please Print Name (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please Print Name (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to the HealthTeam Advantage Sales Department.