

## PAYROLL DIRECT DEPOSIT AUTHORIZATION

Strictly Surgical is now offering "Check to Bank" to help insure the timely arrival of your paychecks. To help speed things along, please fill out the information blocks, sign the authorization and tape the check to the form and fax it to (303) 674-7712. If you wish, you may send it via mail to the address on the letterhead, but please do it as soon as possible.

Name	<input type="text"/>	SSN	<input type="text"/>
Name of Financial Institution	<input type="text"/>	Address	<input type="text"/>
		City	<input type="text"/>
		State	<input type="text"/>
		Zip Code	<input type="text"/>
ABA Routing Number	<input type="text"/>	Account Number	<input type="text"/>
	(on bottom left of check)	Deposit in (select one)	<input type="text"/>

Please attach a VOIDED CHECK - no deposit slips - in this area so that we can process direct deposit authorization of your paycheck with your financial institution.

Initial each line below to *authorize*: Strictly Surgical to deposit the net pay amount each payday directly to the selected checking or savings account at the financial institution indicated above. Initialing means that you agree to the following conditions:

*I will notify* Strictly Surgical immediately of any changes to this information so that my pay may be properly distributed. \_\_\_\_\_ (initial)

*I understand* that, in the event Strictly Surgical notifies my financial institution that I am *not* entitled to the funds deposited to my account, my financial institution is authorized to deduct the amount of the adjustment from my account and return the adjusted amount to Strictly Surgical. \_\_\_\_\_ (initial)

**Direct deposit/changes should become effective the *next available pay period* after Strictly Surgical receives your completed authorization form.**

\_\_\_\_\_  
Signed By

Date \_\_\_\_\_

Digitally Sign (optional)

**Fax completed form to (303) 674-4431**