

DIRECT DEPOSIT AUTHORIZATION

Employees can designate their pay to be directly deposited into their bank account, with a maximum of three accounts. Please provide the information requested. When indicating the amount to be deposited in an account, specify **ALL** (for entire pay), a **specific dollar amount** or **BALANCE** (the remaining amount after depositing in other accounts).

I authorize American Radiology Services, Inc. to distribute my pay as follows:

NAME: _____

SS #: _____

FILE #: _____

First Account: **Bank:** **JOHNS HOPKINS FEDERAL CREDIT UNION**

Account #: _____

Routing #: **252076235**

Type: _____
 Checking/Savings

Amount Deposited: _____

Second Account: **Bank:** _____

Account #: _____

Routing #: _____

Type: _____
 Checking/Savings

Amount Deposited: _____

Third Account: **Bank:** _____

Account #: _____

Routing #: _____

Type: _____
 Checking/Savings

Amount Deposited: _____

Employee Signature

Date

Mail Form to: ARS Payroll, Suite 450, 1838 Greene Tree Rd. , Baltimore, MD 21208