



JOHNS HOPKINS
M E D I C I N E

I N T R A S T A F F

2330 West Joppa Road
Foxleigh Building, Suite 395
Lutherville, MD 21093
(410) 583-2950
Fax (410) 847-3659

DIRECT PAYROLL DEPOSIT AUTHORIZATION

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I authorize INTRASTAFF and the bank listed below to deposit my net pay automatically to my account each payday. If funds to which I am not entitled are deposited to my account, I authorize you to direct the bank to return the said funds. This authority will remain in effect until I have canceled it in writing.

1. Please allow three weeks for direct deposit
2. Please attach a voided check

DATE: _____

EMPLOYEE NAME: _____

SOCIAL SECURITY #: _____

NAME OF BANK: _____

TRANSIT/ABA #: _____

CHECKING ACCT #: _____

SAVINGS ACCT #: _____

PARTIAL DEPOSIT AMT: _____

Signature _____

Intrastaff Enter Date: _____