

POCONO MOUNTAIN REGIONAL EMERGENCY MEDICAL SERVICES

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

Authorization for Direct Deposit - Employee Form

This authorizes **Pocono Mountain Regional Emergency Medical Services, Inc.** to send credit entries (and appropriate debit and adjustment entries) electronically or by any other commercially accepted method to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Account #1

Account #1 Type (check one): Checking Savings

Employee Bank Name

Bank Routing # (ABA#)

Account #

Percentage or Dollar Amount to be deposited to This Account

Account #2 (remainder to be deposited to this account)

Account #2 Type (check one): Checking Savings

Employee Bank Name

Bank Routing # (ABA#)

Account #

Percentage or Dollar Amount to be deposited to This Account

ATTACH A COPY OF A VOIDED CHECK OR DEPOSIT TICKET FOR EACH ACCOUNT

Signature

Print Name

Employee ID #

Date

IMPORTANT: This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do not send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Employee: Please fill out and return to your employer. Employer: Please save for your files only.