

Nations Data Services, Inc. (NDS)

NDS Client No. \_\_\_\_\_

Employee No. \_\_\_\_\_

I hereby authorize my employer, Med 1 and it's affiliated companies (hereinafter Company) to deposit any credit amounts owed me by initiating credit entries to my account at the financial institution (hereinafter Bank) indicated below. Further, I authorize the Bank to accept and credit any entries indicated by Nations Data Services, Inc. (NDS) on behalf of the Company to my account. In the event that the Company deposits funds erroneously into my account, I authorize NDS/Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

Employee Information  
(Please Print)

Employee Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

\_\_\_\_\_ Begin Deposit  
\_\_\_\_\_ Change Information  
\_\_\_\_\_ Cancel

Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Checking - Attach a voided check or other bank document.  
" I wish to deposit (check one)"

\$ \_\_\_\_\_ . 00  
\_\_\_\_\_ % of Net Pay  
\_\_\_\_\_ Entire Pay

Savings – Attach deposit slip  
" I wish to deposit (check one)"

\$ \_\_\_\_\_ . 00  
\_\_\_\_\_ % of Net Pay  
\_\_\_\_\_ Entire Pay

This authorization is to remain in full force and effect until the Company and Bank have received written notice from me of its termination in such time and in such manner as to afford the Company and Bank a reasonable opportunity to act on it. The undersigned agrees that all entries initiated hereunder are to be governed by the Rules of the National Automated Clearing House Association (NACHA) and agree to be bound thereby.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_