



Authorization for Direct Deposit

I authorize Trinit DME Solutions, LLC to deposit my pay automatically to the account indicated below and, if necessary, to adjust or reverse a deposit payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford Trinit DME Solutions, LLC a reasonable opportunity to act on it.

Please fill in all the blanks below and sign the bottom of this page:

Name on Bank Account: _____

Mailing Address: _____

Office Phone Number: _____

NPI Number: _____

Bank Account Number: _____ Checking___ Savings___

Bank Routing Number: _____

Signature of Contractor: _____ Date:_____

Please attach a voided check for the account listed above.