

## Authorization for Direct Deposit

I authorize Triniti 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 Triniti 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.