



**JOHNS HOPKINS**  
M E D I C I N E

I N T R A S T A F F

10751 Falls Road  
Falls Concourse, Suite 275  
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(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: \_\_\_\_\_