



JOHNS HOPKINS
M E D I C I N E

I N T R A S T A F F

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(410) 583-2950
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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. All banks post funds to account on Fridays, with the exception of Bank of America
3. Please attach a voided check or deposit slip

DATE: _____

EMPLOYEE NAME: _____

SOCIAL SECURITY #: _____

NAME OF BANK: _____

TRANSIT/ABA #: _____

CHECKING ACCT #: _____

SAVINGS ACCT #: _____

PARTIAL DEPOSIT AMT: _____

Signature _____

Intrastaff Enter Date: _____