Mint®
Physician Staffing

DIRECT DEPOSIT OF PAYROLL
ENROLLMENT/CHANGE REQUEST

Office Use Only
Prenoted:

Completion Instructions:

- To enroll in direct deposit or make changes to your current direct deposit account, complete the employee information and all information for the direct deposit account.
- Fax the completed and signed form to **fax (713) 583-3343.**
- For new enrollments and changes, a **voided check** (for checking accounts) or **deposit slip** (for savings accounts) must be attached to this form for verification of routing and transit numbers. **(a photocopy is acceptable)**
- *CONTACT YOUR FINANCIAL INSTITUTION TO VERIFY ROUTING AND ACCOUNT NUMBERS*.
- MINT PHYSICIAN STAFFING WILL NOT BE RESPONSIBLE FOR ANY ERRONEOUS INFORMATION PROVIDED.

EMPLOYEE/CONTRACTOR INFORMATION-Complete all fields

Employee Name		Social Security Number	
E-mail Address	□ Home	Home Phone	Cell Phone

ACCOUNT: □ NEW □ CHANGE

Financial Institution Name		Area Code & Telephone No.	
Routing/Transit No.	Type Of Account (Check One)	□ Checking	□ Savings
	□ Money Market Checking	□ Money Market Savings	
Account Number			

I hereby authorize Mint Medical Physician Staffing to initiate deposits (credits) of my net pay and/or corrections to the previous credits to my checking or savings account at the financial institution named on this form. I understand and acknowledge that my election to use this service is completely optional on my part. I understand that I am solely responsible for the accuracy of the inforamtion I have submitted on this form. It is my responsibility to notify Mint Medical Physician Staffing of any changes or corrections to my financial institution account information. I understand it will take approximately 2 weeks to process my enrollment, change or cancellation request from the date received by Mint Medical Physician Staffing. If I submit a change in financial institution information, I may receive one or more physical, negotiable paychecks until the new fianancial institution information is processed. In the event of a network electronic failure, I may receive a physical, negotiable paycheck. If I become subject to any attachment, garnishment or levy, my participation in direct deposit may be terminated, and I may receive a physical, negotiable paycheck for my pay. In the event my employment is terminated, the final pay may be a physical, negotiable paycheck. I agree to hold harmless the above named financial institution for any erroneous deposits or adjustments not caused by the financial institution and I agree to hold harmless Mint Medical Physician Staffing for any erroneous deposits or adjustments.

I understand that Mint Medical Physician Staffing reserves the right to reverse direct deposit of funds paid in error. I understand that it is my responsibility to verify funds deposited into such account before performing transactions on those funds nor is Mint Medical Physician Staffing responsible for insufficient funds charges posted to such account due to errors in electronic funds transfer.

SIGN AND DATE THE FORM	Employee/Contractor Signature	Date