
DIRECT DEPOSIT OF ACCOUNTS PAYABLE REIMBURSEMENTS AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

I authorize TeamHealth and Regions Bank to electronically deposit my reimbursement to the specified:

Checking Account Number: _____ New Enrollment
Savings Account Number: _____ Change

BANK NAME

BRANCH

BANK ACH ROUTING NUMBER

This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing, or upon termination of my employment with TeamHealth.

EMPLOYEE NAME (please print)

EMPLOYEE NUMBER

SIGNATURE

DATE

E-MAIL ADDRESS

A VOIDED CHECK MUST BE ATTACHED TO ENSURE ACCURACY.

***** EMPLOYEE NUMBER FIELD MUST BE POPULATED ON ALL EXPENSE REPORTS TO ENSURE ACCURATE REIMBURSEMENT *****

**Please note that if you enroll or make a change to your current direct deposit set-up, you need to allow at least one week for the new direct deposit to become effective.
