

# Direct Deposit Authorization Form

Manemmar Services, Inc D/B/A ProMed Express Florida  
PO Box 770341, Orlando, Florida, 32877  
(407) 779-6440  
promedexpress@hotmail.com

**Name on Account:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Name of Bank:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

**9-Digit Routing #:** \_\_\_\_\_

**Amount:** \$\_\_\_\_\_ or \_\_\_\_\_%

**Type of Account:** \_\_\_\_\_ (Checking or Savings)

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(if more than 1 account fill-in below)

**Name on Account:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Name of Bank:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

**9-Digit Routing #:** \_\_\_\_\_

**Amount:** \$\_\_\_\_\_ or \_\_\_\_\_%

**Type of Account:** \_\_\_\_\_ (Checking or Savings)

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*Attach a voided check for each bank account to which funds should be deposited (if necessary)*

Manemmar Services, Inc D/B/A ProMed Express Florida is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

**Employee's Signature and Date:** \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: April 23rd 2019