

# OMV MEDICAL, INC.

6940 CARROLL AVENUE • TAKOMA PARK, MD 20912 • PHONE 301-270-9212 • FAX 301-270-9335

## DIRECT DEPOSIT AUTHORIZATION

- Complete ALL the information below, including signature and date.
- Attach a voided check to this form - **NOTE: REQUEST CANNOT BE PROCESSED WITHOUT VOIDED CHECK**
- New requests/changes require AT LEAST one full pay period to take effect.

Check one of the following: <input type="checkbox"/> New Request <input type="checkbox"/> Change an existing request <input type="checkbox"/> Request to discontinue		
Name (Last, First, Middle Initial)		
Name of Financial Institution (Bank, Credit Union etc.)		
City		State
ABA Bank Routing Number (Must be 9 numbers)	Account Number	Deposit Amount
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

To make a deposit to a second account, please complete the following:

Name of Financial Institution (Bank, Credit Union etc.)		
City		State
ABA Bank Routing Number (Must be 9 numbers)	Account Number	Deposit Amount
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

I authorize OMV Medical, Inc. and the financial institution(s) named above to automatically deposit funds to my account(s). This includes my authorization to reverse any entries in error, under the condition that I am notified of said judgment. This authority will remain in effect until I give written notice to cancel it.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_