

# DENTAL DYNAMIC STAFFING DIRECT DEPOSIT FORM

Please email back to [staff@dentaldynamicstaffing.com](mailto:staff@dentaldynamicstaffing.com) or fax 440-212-7094  
6405 York Rd. Parma Hts, OH 44130

## MANDATORY

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

APPLICANT NAME \_\_\_\_\_

I hereby authorize DENTAL DYNAMIC STAFFING, LLC, hereinafter call COMPANY, to initiate credit entries to my Checking Account/  
Savings Account (Select one) indicated below at the depository financial institution named below, and to credit the same to such account. I  
acknowledge that the originator of ACH transactions to my account must comply with the provisions of the U.S. Law.

Depository/Bank Name \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Type (select one):     Checking     Savings

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such  
time and in such manners as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name (please print) \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_



DENTAL DYNAMIC STAFFING