



**PROFESSIONAL CORPORATION DIRECT DEPOSIT AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT:**

**INVOICED PAYMENT**

I, \_\_\_\_\_ on behalf of \_\_\_\_\_ (Professional Corporation) authorize D&Y/TeamHealth and Regions Bank to electronically deposit the invoiced amount from Professional Corporation to the specified:

Please check type of account:     Checking     Savings

\_\_\_\_\_  
BANK NAME

\_\_\_\_\_  
BANK TRANSIT / ABA NUMBER

\_\_\_\_\_  
ACCOUNT NUMBER

Any Professional Corporation Direct Deposit Adjustments will be corrected on the next invoiced pay date. This authority will remain in effect until a new authorization is completed by an authorized agent of the Professional Corporation, or is revoked by an authorized agent of the Professional Corporation, or upon termination of the Professional Corporation's Agreement with D&Y/TeamHealth.

\_\_\_\_\_  
Professional Corporation

\_\_\_\_\_  
Tax Identification Number (TIN)

\_\_\_\_\_  
Authorized Agent for the Professional Corporation

\_\_\_\_\_  
Date

PLEASE CIRCLE THE ONE THAT APPLIES BELOW:

- New Professional Corporation Start Up
- New Account: Please leave old Direct Deposit until Pre-Noted
- New Account: Please end old Direct Deposit Immediately

**REQUIRED**

**ATTACH A VOIDED CHECK (IF CHECKING) OR BANK DIRECT DEPOSIT SIGN-UP FORM FROM THE PROFESSIONAL CORPORATION'S BANK (IF SAVINGS).**

Please note that if the Professional Corporation enrolls or makes a change to the current direct deposit set-up, allow at least one invoiced pay date for the new direct deposit to become effective.

*Please Fax or Email completed form to:*

Provider Pay Coordinator, D&Y

**Fax # (256) 382-6407**

Email: [Payroll\\_DY\\_Provider@dystaffing.com](mailto:Payroll_DY_Provider@dystaffing.com)