



Payroll Account Form

Name: _____

Name of Financial Institution: _____

Name as it Appears on Account: _____

Routing Number: _____

Account Number: _____

If you are receiving paper checks fill out below:

Name: _____

Address:

City: _____ **State:** _____ **Zip code:** _____

If you have *special* Instructions for your Payroll please indicate below:

Please make sure information is legible and accurate to avoid delays in processing payroll. Please make sure this account is open and eligible to receive payments. Please note that Rush Cards/ PrePaid Cards may take up to a week to show up in our system. If your account information is the same as our records this will be avoided.

Thank You,

Quality Medical Staffing, LLC