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**DIRECT DEPOSIT AUTHORIZATION FORM**  
**Authorization Agreement for Automatic Deposits (ACH Credits)**

Company ID Number: 75-2695809

I (we) hereby authorize Southern Medical Corporation, hereinafter called **COMPANY**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our)  Checking  Savings account (select one) indicated below and the depository named below, hereinafter called **DEPOSITORY**, to credit and/or debit the same such account.

<b>DEPOSITORY:</b>	
Bank Name: _____	Branch: _____
City: _____	State: _____
Transit/ABA Number (Routing #): _____	
Account Number: _____	

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

Employee Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date \_\_\_\_\_ Signed X \_\_\_\_\_

If this is a joint account, the other signer must also give authorization.

Other Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date \_\_\_\_\_ Signed X \_\_\_\_\_