P.O. Box 23570, Louisville, KY 40223
Ph: 502-245-1371 Fx: 502-254-4045

Direct Deposit Authorization Form

Broker Information

***Email Address is required for Automatic Deposit.**

Company Name/First Name	M.I.	Last Name	TAX ID/SSN	
Street Address		City	State	Zip
Email Address*		Telephone	Fax	

Bank Information

Name of Bank or Financial Institution		Branch (if applicable)	
Bank Address	City	State	Zip
Bank Routing Number (9 digit bank routing number located at the bottom left corner of your check or may be obtained from your bank)			
Depositor Account Number:			
Type of Account ☐ Checking (attach a voided check)		☐ Savings	

I hereby authorize and request MedLink, Inc. to deposit my commission check via electronic fund transfer (EFT) and my financial institution to credit this amount to my account. I understand if funds to which I am not entitled are deposited into my account I authorize MedLink to direct the bank to return said funds. This authority is to remain in effect until revoked by me in writing and until MedLink actually receives such notice of termination. MedLink will make the necessary changes within 10 business days of receipt of such termination. I will not hold MedLink responsible for delay, loss, or misapplication of funds due to incorrect or incomplete information supplied by me or my depository, or failure of my depository to correctly credit/debit my account. I understand that an unforeseen delay in processing by an outside entity (financial institution) due to computer downtime, power outages or other unavoidable occurrences might affect the date of credit/debit to funds in my account. MedLink will not be responsible for any overdraft conditions or penalties incurred as a result of the deposit payment not being applied properly.

Signature of depositor as shown on bank records.	Date

Please note: It can take up to 6 weeks to implement an automatic deposit. If you transfer to a new bank, or if change accounts, your automatic deposit may be interrupted. Please contact us immediately to update changes to your account information.

Completed forms may be returned to:
Michele Brussell
MedLink, Inc.
P.O. Box 23570
Louisville, KY 40223
Fax: 502-813-4192