



Working together to create a stronger financial  
future for all healthcare professionals.

## Direct Deposit/ACH Distribution Form

☐ Start New Distribution    ☐ Stop a Current Distribution    ☐ Change an Existing Distribution

Effective Date: \_\_\_\_\_ Company Name: \_\_\_\_\_

☐ Distribution 1:      Account Number: \_\_\_\_\_ Account Suffix: \_\_\_\_\_  
Amount: \_\_\_\_\_ Type: \_\_\_\_\_  
Change Existing Distribution: From: \_\_\_\_\_ To: \_\_\_\_\_

☐ Distribution 2:      Account Number: \_\_\_\_\_ Account Suffix: \_\_\_\_\_  
Amount: \_\_\_\_\_ Type: \_\_\_\_\_  
Change Existing Distribution: From: \_\_\_\_\_ To: \_\_\_\_\_

☐ Distribution 3:      Account Number: \_\_\_\_\_ Account Suffix: \_\_\_\_\_  
Amount: \_\_\_\_\_ Type: \_\_\_\_\_  
Change Existing Distribution: From: \_\_\_\_\_ To: \_\_\_\_\_

☐ Distribution 4:      Account Number: \_\_\_\_\_ Account Suffix: \_\_\_\_\_  
Amount: \_\_\_\_\_ Type: \_\_\_\_\_  
Change Existing Distribution: From: \_\_\_\_\_ To: \_\_\_\_\_

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