DENTAL SEARCH, INC.

7 Spielman Road
Fairfield, New Jersey 07004
Phone: (973) 575-9581 Fax: (973) 808-3305

Please complete this form to enroll in direct deposit. You will be notified as to the start date.

DIRECT DEPOSIT SIGN UP FORM

I hereby authorize my employer, Dental Search Inc. to deposit any amounts owned me by treating credit entries to my account at the financial institution (herinafter "Bank") indicated on the bottom of this form. Further, I authorize my bank to accept and to credit any credits entries indicated by Dental Search Inc. to my account. In the event that Dental Search Inc. deposits funds erroneously into my account, I authorize Dental Search Inc. to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Dental Search Inc. and the Bank have received written notice from me to its termination in such time and in such manner as to afford Dental Search Inc. and the Bank reasonable opportunity to act on it.

_____	_____	_____/_____
Employee Name	Soc.Security #	Signature/Date

Account information:

Bank Name/ City/ State

_____Checking **_____Savings** **_____Transit Routing #**

_____Account #

*****You MUST attach a voided check for all checking account deposits. If you are using a savings account, verify account information with your bank. Do NOT use the numbers on a deposit slip for either type of account. The entire net amount of the check will be deposited into the above account.**
A check stub will be mailed to you once a month.

Date_____

Pay to the
Order of _____ $_____

_____Dollars

VOIDED CHECK

_____ _____