



Medcentric Search Firm, LLC

(310) 322-6018 or (800)693-4161 Office

(310) 388-1764 or (800) 693-4162 Fax

123 West Torrance Blvd., Suite 201

Redondo Beach, Ca 90277

DIRECT DEPOSIT FORM

I (we) hereby authorize Pulse Medical Search Firm, LLC, to initiate debit/credit entries to my

(x) Checking Account () Savings Account (check one)

Indicated below at the depository financial institution named below, hereinafter called DEPOSITORY. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

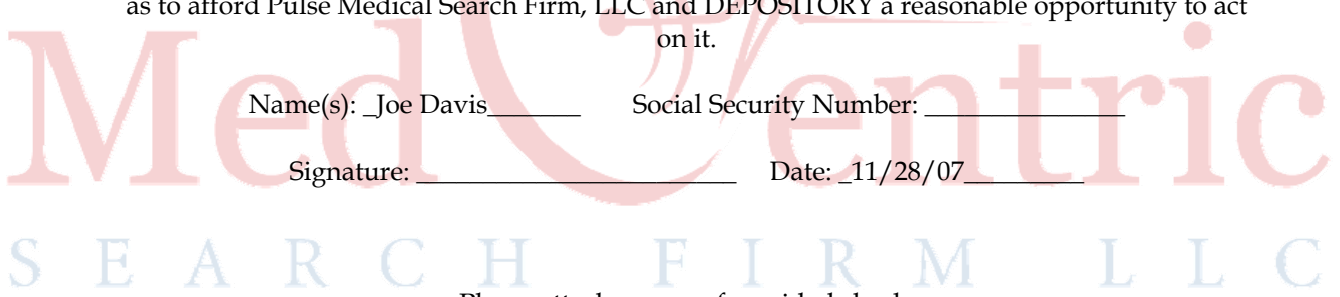
Routing Number: _____

Account Number: _____

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

Name(s): _Joe Davis_____ Social Security Number: _____

Signature: _____ Date: _11/28/07_____



Please attach a copy of a voided check:

Empty rectangular box for attaching a voided check.