



Authorization for Direct Deposit

Direct Deposit Authorization

Complete this form to enroll in direct deposit. Please remember to call The Nurse Agency if your account(s) changes, you close the account(s), or you no longer wish to receive Direct Deposit.

I hereby authorize the direct deposit of my payroll funds every pay period into the account(s) named below. I also authorize The Nurse Agency to withdraw any funds deposited to my account in error. **I have attached a voided check or deposit slip for account verification:**

Signature: _____

Date: _____

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Account #1

Name of Financial Institution: _____

Bank Account Number: _____

Bank ABA Transit (routing) Number: _____

Account Type: Checking: _____ Savings: _____

I wish to deposit: \$ _____ . ____ or _____ Entire Net Amount

Account #2

Name of Financial Institution: _____

Bank Account Number: _____

Bank ABA Transit (routing) Number: _____

Account Type: Checking: _____ Savings: _____

I wish to deposit: \$ _____ . ____ or _____ Entire Net Amount

Please note: We no longer automatically send out copies of your pay stubs if you choose to have direct deposit. Upon being paid for the first time you will be emailed an invitation to www.viewmypaycheck.com. You will create a user ID and password and will be able to access your pay information directly from this website. *Please check the box below if you would like to have your pay stubs mailed out to you instead.*

Please mail my pay stub out every week.