Nurse Link Staffing, Inc.

DIRECT DEPOSIT AUTHORIZATION FORM

Fill in the boxes below and sign the form:

Email Address: _____
(Please print)

Last Name

First Name M.I.

Social Security Number

Phone Number

Type of Account:

☐ Checking ☐ Savings

Effective Date

Month Day Year

Name of Financial Institution / Bank

Account Number

Routing Number

By signing this agreement, I authorize Nurse Link Staffing, Inc. (company) to initiate credit entries to the account above for the purpose of expense and/or payroll. I also authorize said company to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

Signature: _____ **Date:** _____

If the account is a joint account or in someone else's name, that individual must also agree to the terms stated above by signing below.

Signature: _____ **Date:** _____

****PLEASE ATTACH A COPY OF A VOIDED CHECK WHEN RETURNING THIS FORM****

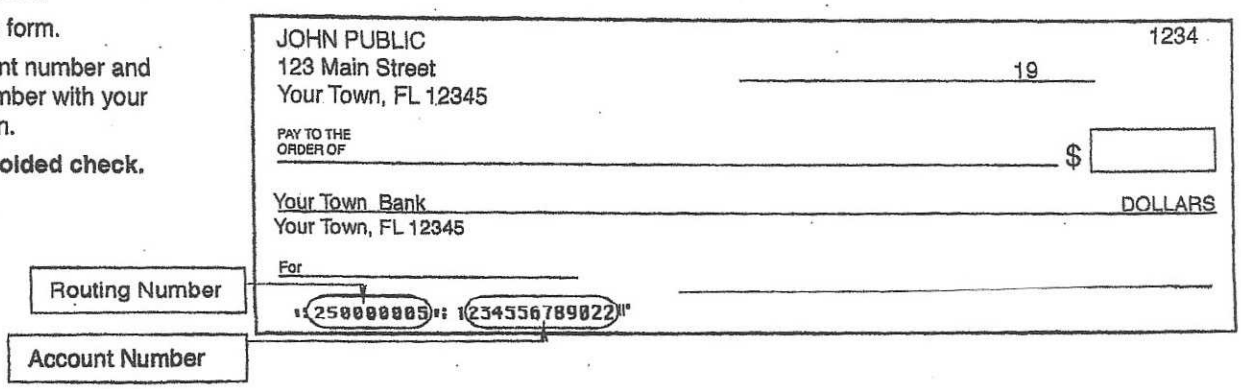
HOW TO COMPLETE THIS FORM

Fill in all boxes above.

Sign and date the form.

Verify your account number and routing transit number with your financial institution.

Attach copy of voided check.



RETURN THIS FORM COMPLETED BY DECEMBER 30TH, 2016