



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 ADP Workforce Now. You will create a user ID and password and will be able to access your pay information directly from their app/website.