



## Employee Payroll Direct Deposit Authorization

**DISCLAIMER:** If you are eligible for and choose to enroll in Direct Deposit we recommend that you verify with your bank or financial institution when your funds would be posted to your account and make available to you. Each bank and financial institution has its own process for funds availability.

**DO YOU WANT DIRECT DEPOSIT?**     YES     NO

**IF YES, PLEASE ATTACH A VOIDED CHECK/BANK LETTER TO THIS FORM AND FORWARD TO YOUR BRANCH REPRESENTATIVE FOR PROCESSING.**

EMPLOYEE NAME: \_\_\_\_\_

BANK: \_\_\_\_\_

ROUTING/BANK TRANSIT NO (9 DIGITS): \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_

AMOUNT: \_\_\$\_\_\_\_\_ or Percentage \_\_\_\_\_

CHECKING                       SAVINGS

EMPLOYEE NAME: \_\_\_\_\_

BANK: \_\_\_\_\_

ROUTING/BANK TRANSIT NO (9 DIGITS): \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_

AMOUNT: \_\_\$\_\_\_\_\_ or Percentage \_\_\_\_\_

CHECKING                       SAVINGS

Note: It can take from 2 to 4 pay periods after receipt of your form for your direct deposit to become effective. Employees are responsible for verifying that their funds are deposited and available for use prior to writing checks or debiting their account.

### Authorized Agreement for Preauthorized Credits and Correcting Debits

I (we) hereby authorize and request my employer, Nurses First Staffing LLC(NFS) (hereinafter called COMPANY) to make payment of any amounts owing to me (either of us) for payroll by initiating credits entries to my (our) account indicated below in the bank names above, hereinafter called BANK. In addition, I (we) also authorize and request COMPANY to initiate entries to my (our) account indicated above in the bank named above in the following circumstances and under the following conditions:

1. The debit entry is initiated for the purpose of correcting an erroneous credit previously initiated to my (our) account;
2. The correcting entry is transmitted in such time as to be delivered or make available to the BANK by midnight of the fifth day following settlement of the erroneous entry;
3. Prior to the time the correcting entry is initiated; the COMPANY has sent or delivered to me (us) written notification of such correction and the reason there for.

I (we) authorize and request BANK to accept any credit or correcting debit entries initiated by COMPANY to such account and to credit or debit the same to such account without responsibility for the correctness thereof.

It is understood that this agreement may be terminated by me (either of us) at any time by written notification to COMPANY or BANK. Any such notification to COMPANY should be effective only with respect to entries initiated by COMPANY after receipt of such notification and reasonable opportunity to act on it. Any such notification to BANK shall be effective only with respect to entries credited or debited to my (our) account by BANK after receipt of notification and a reasonable time to act on it.

**EMPLOYEE NAME:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_