



*******Time-sheets must be received by Tuesday at 12PM in order to be included in the direct deposit run for the following Friday. No exceptions.*******

AUTHORIZATION FOR DIRECT DEPOSITS – EMPLOYEE FORM

This authorizes Elite Nursing Staffers to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) accounts (s) indicated below and to other accounts I (we) identify in the future (the “Account”). This authorizes the financial institution holding the Account to post all such entries. I have supplied Elite Nursing Staffers a voided check or deposit slip.

Account #1

Deposit (amount or %) _____
ACCOUNT TYPE (e.g. Checking or Savings) _____
EMPLOYEE BANK NAME _____
CITY, STATE _____
ACCOUNT NUMBER _____
BANK ROUTING NUMBER (ABA#) _____

Account #2

Deposit (amount or %) _____
ACCOUNT TYPE (e.g. Checking or Savings) _____
EMPLOYEE BANK NAME _____
CITY, STATE _____
ACCOUNT NUMBER _____
BANK ROUTING NUMBER (ABA#) _____

This authorization will be in effect until Elite Nursing Staffers receives a written termination notice from myself and has a reasonable opportunity to act on it.

SIGNATURE

PRINTED NAME **DATE**