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Employee Direct Deposit Authorization

INSTRUCTIONS

Employee: Fill out and return to your employer.

Employer: Save for your files only.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Employees must attach a voided check for each of their accounts to verify their accounts.

ACCOUNT ONE

Account One Type: Checking Savings

Bank Routing Number (ABA number): _____

Account Number: _____

Percentage or dollar amount to be deposited to this account: _____

ACCOUNT TWO *(remainder to be deposited to this account)*

Account Two Type: Checking Savings

Bank Routing Number (ABA number): _____

Account Number: _____

Attach a voided check for each account here

AUTHORIZATION

This authorizes **Assure Nursing** (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(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 agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Employee Signature: _____ Employee Position: _____

Print Name: _____ Date: _____