

DIRECT DEPOSIT AUTHORIZATION FORM



Progressive Nursing Staffers, herein after Company, is pleased to offer direct deposit of employee paychecks to the bank(s) and account(s) of your choice.

I. TERMS

TERMS to arrange for direct deposit:

1. Automatic daily or weekly pay arrangement. Complete the employee portion of this form.
2. Fax a **voided personal check** to this form to verify your account number and bank routing number for each account.
3. Must write "Direct Deposit" on the time slips. **YOU MUST SEND ALL TIMESHEETS TOGETHER WEEKLY IF YOU WANT WEEKLY DIRECT DEPOSIT OR WE WILL PROCESS THE TIMESHEETS AS WE RECEIVE THEM. YOU MUST NOTE IF YOU WANT SEPARATE CASH CARD DEPOSITS.**
4. Please verify with your bank that your account has been credited.
5. Time slips must be mailed or faxed to the Payroll Department and arrive no later than 10 AM each morning for your account to be credited the next day.
6. Any Direct Deposit time slips received after 10 AM each morning, will be processed for the following business day. After 10 AM on Friday will be processed the next business day.

****PLEASE NOTIFY THE LOCAL PAYROLL COORDINATOR IMMEDIATELY IF YOU CLOSE OR CHANGE BANK ACCOUNT AS A NEW FORM WILL HAVE TO BE COMPLETED****

TO BE COMPLETED BY EMPLOYEE

II. ENROLLMENT

_____ New Enrollment

I hereby authorize Company to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the Depository name(s) below, hereinafter called Depository, to credit and/or debit the same as such:

NAME: _____ - _____ - _____
(Please print your name as it appears on your account) (Social Security #)

1. ACCOUNT TYPE: ___ Checking ___ Savings

FINANCIAL INSTITUTION NAME CITY STATE

TELEPHONE #: (____)____-_____

TRANSIT/ROUTING #: _____ ACCOUNT #: _____

III. AUTHORIZATION

I agree to the above Terms and Enrollment sections and agree that this authority is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

EMPLOYEE SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY PAYROLL

BANK#(s): _____; _____

PRENOTE DATE: _____; _____