

Contractor Direct Deposit Authorization

Instructions

This document must be signed by the contractor requesting automatic deposit of paychecks and retained on file by NurseRegistry. Contractor must attach a voided check to verify the bank routing number and account number.

Account

| |
|--|
| Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| Bank routing number (ABA number): _____ |
| Account number: _____ |

Attach a voided check.

Authorization

This authorizes NurseRegistry 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 NurseRegistry receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: _____ Date: _____

Print name: _____