



Authorization Agreement for Direct Deposit

- New York
- New Jersey
- Corporate

Employee Name: _____ Social Security: _____

Employee Signature: _____ Date: _____

I hereby authorize ACCESS Nursing Services Inc. to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by ACCESS Nursing Services Inc. to my account. In the event that ACCESS Nursing Services Inc. deposits funds erroneously into my account; I authorize ACCESS Nursing Services Inc. to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in effect until ACCESS Nursing Services Inc. receives written notice from me of its termination in such time and in such manner as to afford ACCESS Nursing Services Inc. and Bank reasonable opportunity to act on it.

Account Information:

1. **Bank Name/City/State:** _____

Routing Transit #: _____ **Account #:** _____

Account Type: Checking Savings

Deposit Request:

- Deposit Full Amount
- Deposit: \$ _____ . _____
- Deposit: _____ %

2. **Bank Name/City/State:** _____

Routing Transit #: _____ **Account #:** _____

Account Type: Checking Savings

Deposit Request:

- Deposit Full Amount
- Deposit: \$ _____ . _____
- Deposit: _____ %

Disclaimer: *The request for Direct Deposit is contingent upon the completion of this form. If bank information is listed incorrectly, employee is subject to the Global Cash Card in place of the request for Direct Deposit.*

