

Payroll Direct Deposit or Check Delivery Form

Employee Name: _____ Facility Name: _____

Nursefinders, Inc. recognizes the importance of providing your paycheck in a timely and accurate manner. To ensure proper handling of your paycheck, please complete this form and fax it back to the payroll office at 866-665-2339.

I hereby authorize Nursefinders, Inc. to directly deposit funds in the bank account (s) listed below in the amounts specified. **I am attaching a voided check or spec sheet from my bank for each account specified.** This authorization is to remain in force until the company has received written authorization from me of its termination OR after branch notification that the account is closed. I hereby grant Nursefinders, Inc. the right to debit my account (s) in the amount that may have been credited in error. You can elect to make deposits into a maximum of 3 separate accounts.

Bank Name #1 _____ Phone # _____

ABA Routing # _____ Account # _____

Checking Savings Entire Net Pay Remaining Pay Other \$ _____

Bank Name #2 _____ Phone # _____

ABA Routing # _____ Account # _____

Checking Savings Entire Net Pay Remaining Pay Other \$ _____

Bank Name #3 _____ Phone # _____

ABA Routing # _____ Account # _____

Checking Savings Entire Net Pay Remaining Pay Other \$ _____

I hereby authorize Nursefinders, Inc. to disburse a physical check to me. I further understand that I will be charged \$15.00 for each check that is express mailed to me. Please provide the address you would like your check sent to. Please note: we cannot deliver to a P.O. Box.

Street Address _____ Unit Number _____

City _____ State _____ Zip Code _____

Office Use Only
Processed by: _____
Date: _____

Traveler Signature: _____

Date: _____