

296 Lakshman Trail  
Dover, DE 19904  
Phone: 302-242-7243  
Fax: 302-269-3872  
Email: angus@emergistaffnurses.com  
Internet: www.emergistaffnurses.com



## Authorization for Direct Deposit

This authorizes Emergi-Staff Nurses, LLC 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.

**PLEASE ATTACH OR FAX A VOIDED CHECK COPY**

### Account #1

Deposit (amount or %) \_\_\_\_\_  
ACCOUNT TYPE (e.g. Checking or Savings) \_\_\_\_\_  
EMPLOYEE BANK NAME \_\_\_\_\_  
BRANCH \_\_\_\_\_  
CITY, STATE \_\_\_\_\_  
ACCOUNT NUMBER \_\_\_\_\_  
BANK ROUTING NUMBER (ABA#) \_\_\_\_\_

### Account #2

Deposit (amount or %) \_\_\_\_\_  
ACCOUNT TYPE (e.g. Checking or Savings) \_\_\_\_\_  
EMPLOYEE BANK NAME \_\_\_\_\_  
BRANCH \_\_\_\_\_  
CITY, STATE \_\_\_\_\_  
ACCOUNT NUMBER \_\_\_\_\_  
BANK ROUTING NUMBER (ABA#) \_\_\_\_\_

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.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME