

**PROFESSIONAL  
NURSING  
SERVICE**

**PAYROLL DIRECT DEPOSIT**

I (we) hereby authorize Professional Nursing Service, a division of Bonneville Health Recruiters, hereinafter called COMPANY, to initiate credit entries to my (our) ( ) Checking ( ) Savings account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. **Include a voided check for deposits to a checking account with this authorization.**

DEPOSITORY  
NAME \_\_\_\_\_ BRANCH \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
ROUTING NUMBER \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) \_\_\_\_\_ (PLEASE PRINT) \_\_\_\_\_ (PLEASE PRINT)

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE \_\_\_\_\_ SIGNED X \_\_\_\_\_

DATE \_\_\_\_\_ SIGNED X \_\_\_\_\_

**NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE, THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**