

**Pro Re Nata (PRN)
Healthcare Staffing**

PAYROLL DIRECT DEPOSIT

I (we) hereby authorize Pro Re Nata (PRN) Healthcare Staffing, 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.