Authorization Agreement for Direct Deposit

☐ **AUTHORIZATION**

☐ **CANCELLATION**

**please complete one for each account that you would like to set up or cancel for direct deposit.*

I (we) hereby authorize **Gifted Nurses/RMRG,** hereinafter called COMPANY, to initiate credit entries to my (our)

☐ CHECKING

☐ SAVINGS

Account(s) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account.

DEPOSITORY NAME:_____

CITY:_____ STATE:_____ ZIP:_____

ROUTING NO.:_____ ACCOUNT NO.:_____

In the event of error, I authorize my bank/financial institution to initiate a reversal in the amount of the error to my account.

Direct Deposit timecards must be submitted by 1:00 pm daily or they will be processed the following day. Your funds will be available 48 business hours from the date of the processed time card. The Federal Reserve banking system requires two complete business days to guarantee this type of direct funds transfers. Dependent on your banking institution, your funds may be available sooner.

This authority is to remain in full force and effect until COMPANY has received written notification from me (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:_____
(PLEASE PRINT)

SIGNED:_____ DATE: _____

***** Please attach a VOIDED CHECK *****