



NSA, LLC.

Authorization for Direct Deposit Direct Deposit Authorization

Complete this form to enroll in direct deposit. Please remember to call Nurse Staffing Agency, NSA LLC if your account(s) changes, you close the account(s), or you no longer wish to receive Direct Deposit.

I hereby authorize the direct deposit of my payroll funds every pay period into the account(s) named below. I also authorize NSA to withdraw any funds deposited to my account in error. **I have attached a voided check or deposit slip for account verification:**

Signature: _____ Date: _____

Account #1

Name of Financial Institution: _____ **Bank Account**

Number: _____ **Bank ABA Transit (routing)**

Number: _____ **Account Type: Checking:** _____

Savings: _____

I wish to deposit: \$ _____ **or** _____ **Entire Net Amount**

Account #2

Name of Financial Institution: _____ **Bank Account**

Number: _____ **Bank ABA Transit (routing)**

Number: _____ **Account Type: Checking:** _____

Savings: _____

I wish to deposit: \$ _____ **or** _____ **Entire Net Amount**

Please note: We do not automatically send out copies of your pay stubs if you choose to have direct deposit. Upon being paid for the first time you will be emailed an invitation to view pay stubs. You will create a user ID and password and will be able to access your pay information directly from this website.