



EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

333 First Street North, Suite 200, Jacksonville Beach Florida, 32250
 Toll Free: 866.931.5038 Fax: 877.309.5038

INSTRUCTIONS

* Use only BLUE or BLACK ink	* Check all appropriate boxes
* Alterations must be initialed	* EMPLOYEE MUST ATTACH A VOIDED CHECK
* Indicate whether you wish to: <input type="checkbox"/> Set up a new Direct Deposit account, or <input type="checkbox"/> Cancel the current Direct Deposit.	

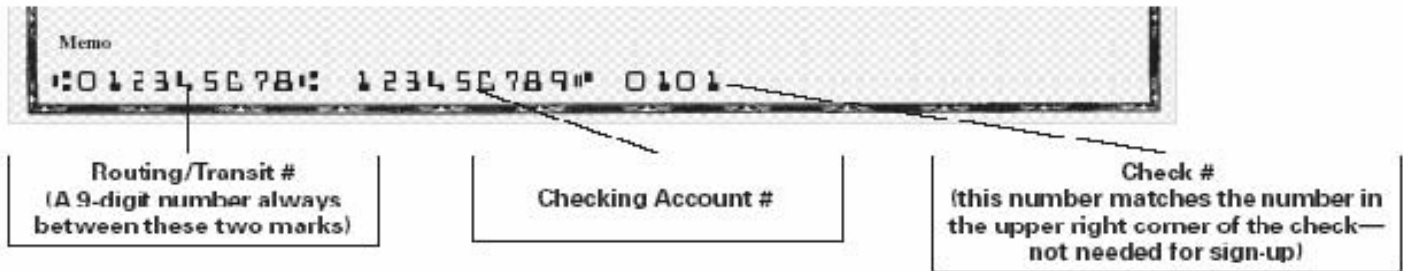
EMPLOYEE IDENTIFICATION

Name:	Home Phone Number:
Email address where deposit notification can be sent (if email address is provided no other notification will be sent).	
Mailing address where deposit notification can be mailed (if email address is provided no notification will be mailed via USPS).	

FINANCIAL INSTITUTION

Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



Primary Account *All Non Payroll reimbursements will be deposited into your primary account.

Financial Institution Name	City	State	Dollar Amount or Net Amount
Routing/Transit Number	Account Number	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

Secondary Account

Financial Institution Name	City	State	Dollar Amount or Net Amount
Routing/Transit Number	Account Number	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

AUTHORIZATION: I authorize Professional Placement Resources, LLC d/b/a Road Trip Travel Nursing (Road Trip Travel Nursing) and its payroll provider to deposit by electronic transfer payments owed to me and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. Road Trip Travel Nursing and its payroll provider shall deposit the payments in the financial institution and account designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

I consent to and agree to comply with the National Clearing House Association Rules and Regulations about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repeated.

Signature

Date