

# QCI Nurse Specialists

## Authorization for Direct Deposit

*This authorizes QCI Nurse Specialists to send credit entries (and appropriate debit and adjustments entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "account"). This authorizes the financial institution holding the Account to post all such entries.*

\_\_\_\_\_ Add / Change    \_\_\_\_\_ Cancel / Remove

### Account #1 (100% of paycheck unless 2nd account is chosen)

<b>Bank Name</b>	<b>Account Type</b> (checking / savings - if checking attach voided check)
<b>Bank Routing # (ABA#)</b>	<b>Account #</b>

### Account #2 (optional)

<b>Bank Name</b>	<b>Account Type</b> (checking / savings - if checking attach voided check)
<b>Bank Routing # (ABA#)</b>	<b>Account #</b>
<b>Dollar amount or % to Account 2</b> (remainder goes to Account 1)	

This authorization will be in effect until QCI Nurse Specialists receives a written termination notice from me and has a reasonable opportunity to act on it.

<b>Employee Signature</b>	<b>Printed Name</b>
<b>Date</b>	<b>Email Address</b> (for pay stubs)

*This document must be signed by employees receiving automatic deposit of paycheck and retained on file by QCI Nurse Staffing.*