

Direct Deposit Form

Employee Name: _____ Date: _____

Address: _____ City: _____ State: _____

I authorize Clinical Staff Support, Inc. and or Nursing Group, Inc. to deposit any wages/salary/bonuses into the following financial institution:

Bank Name: _____ City: _____ State: _____

I wish to deposit into: Checking Savings Other

Routing Number: _____ Account Number: _____

I hereby authorize Clinical Staff Support, Inc. and or Nursing Group, Inc. (Hereinafter known as company) to deposit any amounts owed me by initializing credit entries to my account at the financial institution (Hereinafter Bank) indicated above. I authorize Bank to accept and to credit any entries indicated by company to my account. For my convenience, I request that company directly deposit my wages/salary/bonuses earned from company into my bank account.

In the event that company deposits funds erroneously into my account, I authorize company to debit my account for an amount not to exceed the original amount of erroneous credit. I understand that deposits into my account by company may be an advance of funds on behalf of my employer which is subject to successful collection of the funds by my employers bank. If within 30 days of company making the deposit into my account my bank does not make available to company the funds that were advanced into my account, I authorize company to charge my account to recover said advance.

I agree to hold company harmless from the loss and to identify it, limited to the amount of the deposit. Any dispute arising out of or in connection with this agreement, if not otherwise resolved shall be determined by the company administration located in Round Rock, Texas in accordance with the Rules of the American Arbitration Association and its the expressed desire of both parties that the prevailing party be awarded costs and attorney's/fees and that the award to be entered as a judgment in any jurisdiction in which non prevailing party does business. This authorization is to remain in full force an effect until company and Bank has received written notice of its termination in such time and in such manner as to afford company and bank reasonable opportunity to act on it.

Signature: _____ Date: _____
Electronic or Written

Submission Instructions

Documentation may be submitted using any of the following 3 ways:

- 1. Fax: 800-331-1531
- 2. Email Scanned documentation: staffing@nursinggroup.com.
- 3. Mail: Clinical Staff Support, Inc P.O. Box 446 Round Rock, Texas 78680-0446

If any questions please contact Clinical Staff Support, Inc and or Nursing Group, Inc at 800-331-1531