



Integrity Nursing Staffing Solutions LLC
Temporary Staffing Agency

Authorization for Direct Deposit Form

This authorizes Integrity Nursing Staffing Solutions to send credit entries (and appropriate, debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) Account indicated below and other accounts I (we) identify in the future (the "account"). This authorizes the financial institution holding the account to post all such entries.

Account Number : _____

Account Type (Checking OR Saving): _____

Facility Name (Bank or Credit Union): _____

CITY, STATE: _____

Facility (Bank or Credit Union) Routing Number (ABA#) _____

PLEASE FILL OUT IN ITS ENTIRETY TO PREVENT DELAY IN PAY

SIGNATURE _____

PRINTED NAME _____

DATE _____