



USNurse LINK

Payroll Direct Deposit Authorization Form

Please fill out and return with **cancelled check or deposit slip** to:

US NurseLink
PO Box 340
Glenwood Springs, CO 81601
Fax # 1-866-945-4895

I authorize US NurseLink and the financial institution named below to automatically deposit my net pay into my account (this includes my authorization for you to reverse any entries made in error). This authority will remain in effect until I give written notice to my payroll department to terminate this benefit.

Account Type:

- Checking Account
- Savings Account

Date _____

Name (Please Print) _____

Financial Institution _____

Account Number _____

City _____ State _____ Zip _____

Signature _____

e-mail Address (required) _____

Transit Routing Number

Account Number Information

info@usnurslink.com
www.usnurslink.com