



"a company of nursing excellence"

Authorization Agreement for Payroll Deposits

I hereby authorize Bluegrass Healthcare Staffing, LLC to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error in my checking account, indicated below, and the bank named to credit and/or debit the same to such account.

Bank Name: _____

City: _____ State: _____ Zip: _____

Routing #: _____ Account #: _____

printed name

date

signature

PLEASE ATTACH BLANK VOIDED CHECK