



Ready Nursing Solutions, Inc.

Ready Nursing Solutions, Inc. Temporary Staffing Agency

Authorization for Direct Deposits Form

This authorizes **Ready Nursing Solutions, Inc.** to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and o 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 SAVINGS): _____

FACILITY Name (BANK or CREDIT UNION): _____

CITY, STATE: _____

FACILITY (BANK or CREDIT UNION) ROUTING NUMBER (ABA#) _____

Account Number: _____

ACCOUNT TYPE (CHECKING OR SAVINGS): _____

FACILITY Name (BANK or CREDIT UNION): _____

CITY, STATE: _____

FACILITY (BANK or CREDIT UNION) ROUTING NUMBER (ABA#) _____

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

SIGNATURE _____

PRINTE NAME _____

DATE _____