

Authorization for Direct Deposits - Employee Form

This form authorizes WESTERN NURSING SERVICES (the "Company") 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 to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Please print clearly (in large print.)

Account #1

Deposit: _____

Account type: Checking Savings

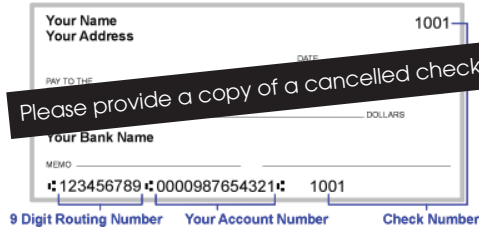
Bank Name: _____

Branch: _____

City: _____ State: _____ Zip: _____

Account Number: _____

Bank Routing # (ABA#): _____



Please print clearly (in large print.)

Account #2

Deposit: _____

Account type: Checking Savings

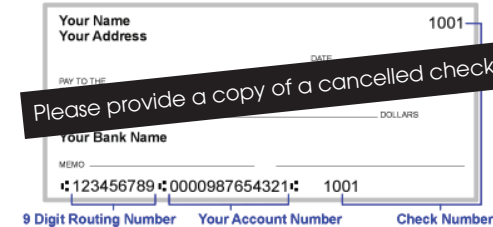
Bank Name: _____

Branch: _____

City: _____ State: _____ Zip: _____

Account Number: _____

Bank Routing # (ABA#): _____



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

Please print clearly (in large print.)

Name: _____ Date: _____

Social Security# _____ Date of birth: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____ (must have to retrieve paycheck stubs)

Filling Status: (check one) Single Married Number of dependents: _____

By checking the box "I AGREE" below you fully understand the Direct Deposit policy.

I AGREE NAME/SIGNATURE: _____ DATE: _____