



8892 Beckett Road  
Cincinnati, OH 45069  
PH 866-301-4045  
FAX 866-850-4048  
www.advantagern.com

## DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name

SSN

Name of Bank

City, State of Bank

Bank ABA/Routing No. (9 digits)

Employee Bank Account No. (include all zeros)

Account Type:

Checking

Savings

Deposit to Employee Bank Account:

Full Check

OR

Fixed Amount \$ \_\_\_\_\_

I hereby authorize Advantage RN to initiate credit entries to my account described above and to debit entries made in error. I authorize my bank named above to accept and to credit or debit the amount of such entries to my account.

Employee Signature

Date

**Please fax this information back to Advantage RN at 1-866-850-4048 or 866-400-9352  
ATTN: Payroll**

Attached Voided CHECK below. No deposit slips please.