

NORTHERN REGIONAL HOSPITAL
AUTHORIZATION FOR DIRECT DEPOSIT

Begin/Change/Add/Direct Deposit

I hereby authorize Northern Regional Hospital to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my

- Checking Account (attach a voided check)
- Checking/Savings Account (Routing # _____ Acct. # _____ Amt. \$ _____)
- Checking/Savings Account (Routing # _____ Acct. # _____ Amt. \$ _____)
- Checking/Savings Account (Routing # _____ Acct. # _____ Amt. \$ _____)
- Checking/Savings Account (Routing # _____ Acct. # _____ Amt. \$ _____)

Bank Name _____ Address _____

City, ST Zip _____

This authorization is to remain in full force and effect for all payments made associated with my employment at Northern Regional Hospital.

PRINT YOUR
NAME _____ EMPLOYEE # _____

DATE _____ SIGNED _____