

I request that my RN Fees be deposited at:

Name (please print)

Name Variations

Current Address

Previous Address (only if current is less than 2 yrs. old)

Name of Financial Institution

Transit Routing Number

Account Number for Deposit (Must be Checking)

Social Security/EIN No.

Email Address

Authorization Agreement For Direct Deposit

I hereby authorize the direct deposit of my RN Fees in the account and financial institution indicated on the opposite side. Such direct deposit will be made on each succeeding Fee Day, unless I choose to terminate this agreement in writing to PRN Consultants III, LLC. Any such notification to PRN Consultants III, LLC. shall become effective following receipt after a reasonable opportunity to act on it.

In the event that PRN Consultants III, LLC. deposits funds erroneously into my account, I authorize PRN Consultants III, LLC, to debit my account for an amount not to exceed the original amount of the credit.

Nurse Signature

Date