

I request that my RN Fees be deposited at:

Name of Financial Institution

Address

Transit Routing Number

Deposit to Account No.

Checking

Savings

Name (please print)

Social Security/EIN #

Company Name

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 reverse side. Such direct deposit will be made on each succeeding Fee Day, unless I choose to terminate this agreement in writing to PRN Consultants, Inc. Any such notification to PRN Consultants, Inc. shall become effective following receipt after a reasonable opportunity to act on it.

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

Nurse Signature

Date