

**Premier Healthcare Staffing c/o
DAMIAN SERVICES CORPORATION
PAYROLL DIRECT DEPOSIT**

I, _____ (print name), employee number _____, authorize Damian Services Corporation to deposit my weekly net pay directly into my bank account, described as follows:

Name on Account: _____

Bank Name: _____

Bank Routing/ABA Number: _____

Account Number: _____

Savings _____ Checking _____ (Check one only)

I have attached a voided check _____ to support above information. (Checking Acct. Only; Savings Accounts require information directly from financial institution for direct deposit transactions). In the event that Damian Services Corporation deposits funds erroneously into my account, I authorize Damian Services Corporation to debit my account for an amount not to exceed the original amount of the erroneous credit.

I understand this authorization will remain in effect until Damian Services Corporation terminates the deposit program or until I change my authorization in writing.

Signature

Date

PLEASE BE SURE TO INCLUDE VOIDED CHECK