



Tri-State Nursing Direct Deposit Form

Please complete the attached form and return to the payroll department.

If you decide to change banks at any time, contact payroll on proper procedure in order to insure that your money is deposited correctly.

I authorize you and the Financial Institution named below to automatically deposit my net pay to my account (this includes my authorization to you to reverse any entries made in error). This authority will remain in effect until I give written notice to cancel.

Signature: _____ Date: _____

Type of Account: *Checking* *Savings*

Financial Institution: _____ Location: _____

City: _____ State: _____

Name as it appears on the account:

Employee SSN#: _____

Routing number: _____ Account number: _____

1-800-727-1912

3100 S. Lakeport St Sioux City, IA 51106 712-277-4442	7701 Pacific St Suite 122 Omaha, NE 68114 402-502-1610	3800 W. Technology Cir Suite 201 Sioux Falls, SD 57106 605-221-0850	215 9 th Ave SE Watertown, SD 57201 605-753-7530	205 Flindt Dr Suite 1 Storm Lake, IA 50588 712-213-3500	107 E. Southridge Rd Suite B Marshalltown, IA 50158 641-352-4710
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