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TRAVEL NURSE RESOURCE

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Authorization for Direct Deposits For Internal Use Only

This authorizes **CRITICAL OPTIONS, INC.** (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account indicated below and to other accounts I identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

ACCOUNT TYPE (e.g. Checking or Savings) _____

BANK NAME	BRANCH
CITY	STATE
BANK ROUTING # (ABA#)	ACCOUNT #

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

PRINTED NAME	SIGNATURE
EMPLOYEE ID #	DATE
BUSINESS NAME (If Independent Contractor)	EIN # (If Independent Contractor)

For Internal Use Only

This document must be signed by employee requesting automatic deposit of paychecks and must be returned via mail with a *voided check* for the account. Original signature must be kept on file by CRITICAL OPTIONS, INC.

(Attach voided check here.)