



- NRI Accounting Resources®
- NRI Healthcare®
- NRI Legal Resources®
- NRI Staffing Resources®

www.nri-staffing.com

**NRI, INC.
DIRECT DEPOSIT FORM
SURE PAY AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITORS**

This is my authorization for NRI, Inc. to automatically credit my (check one):
checking _____ or savings _____

account # _____ at a branch of _____
Bank Account Number Financial Institution Name

in _____, _____. Please transfer the funds via _____
City State Bank Transit/ABA #

I understand that I need to notify NRI's payroll department by Fridays 4pm of any changes to be made to my account in order to be effective for the next week's payroll. If I wish to discontinue direct deposit at any time, I will notify NRI's payroll department to cancel this authorization. I understand I can only deposit into one account.

Printed Name Signature Date

Social Security #

Please return to your NRI recruiter:

DC	NRI, 1900 L Street NW, Suite 725, Washington, DC 20036
Annandale, VA	NRI, 7611 Little River Turnpike, Suite 210W, Annandale, VA 22003
Rockville, MD	NRI, 11400 Rockville Pike, Suite 820, Rockville, MD 20852

Attach a voided check or savings deposit slip here.