



Tri-State Nursing Direct Deposit Form

Please complete the information below and return with to the payroll department.

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

I authorize Tri-State and the Financial Institution named below to automatically deposit my net pay to my account (this includes my authorization for Tri-State Nursing 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#: _____

Attach voided check or savings deposit slip here

1-800-727-1912

621 16th St
Sioux City, IA 51105
712-277-4442

7710 Pacific St Suite 122
Omaha, NE 68114
402-502-1610

3504 S Minnesota Ave Ste. 104
Sioux Falls, SD 57108
605-221-0850

402 4th St NE Ste. 109
Watertown, SD 57201
605-753-7530

205 Flindt Dr Ste. 3
Storm Lake, IA 50588
712-213-3500