

Direct Deposit / ACH Authorization

Independent Contractor Onboarding Packet

As an independent contractor, payments will be made via ACH direct deposit. Please complete all fields below, sign, and email to info@opuluxern.com. You may update your banking information at any time by contacting our office.

CONTRACTOR INFORMATION

Full Legal Name:

Phone Number:

Email Address:

Date:

BANKING INFORMATION

Bank / Institution Name:

Account Type:

Checking Savings

Account Holder Name:

Routing Number (9 digits):

Account Number:

Confirm Account Number:

I am attaching a voided check in lieu of completing the fields above.

AUTHORIZATION

I hereby authorize Opuluxe Tailored Nursing to initiate electronic credit entries to my account at the depository financial institution named above, and to credit the same to such account. This authority is to remain in full force and effect until I notify Opuluxe Tailored Nursing in writing to cancel this authorization. I certify that I am the owner or authorized user of the account listed above.

SIGNATURE

Signature:

Date:

Printed Full Name:

Security Note: Your banking information is kept strictly confidential and transmitted over encrypted connections. Opuluxe Tailored Nursing will never share your banking details with unauthorized third parties.