



Employee Direct Deposit Request

EMPLOYEE NAME: _____

Complete the required information. Allow at least 2-3 weeks for processing. For checking accounts, a copy of a voided check must be provided. For savings accounts, a copy of a deposit slip must be provided.

DIRECT DEPOSIT 1

NAME OF BANK: _____

ROUTING #: _____ ACCOUNT #: _____

CHECKING

SAVINGS

I would like to deposit: Entire Net Pay \$ _____ % _____

ATTACH A COPY OF A VOIDED CHECK / SAVINGS DEPOSIT SLIP

In order for this direct deposit authorization to be valid, the name of the employee must be on the voided check or deposit slip. A notice from the bank authorizing the employee to deposit funds into the account will be accepted.

DIRECT DEPOSIT 2

NAME OF BANK: _____

ROUTING #: _____ ACCOUNT #: _____

CHECKING

SAVINGS

I would like to deposit: Entire Net Pay \$ _____ % _____

ATTACH A COPY OF A VOIDED CHECK / SAVINGS DEPOSIT SLIP

In order for this direct deposit authorization to be valid, the name of the employee must be on the voided check or deposit slip. A notice from the bank authorizing the employee to deposit funds into the account will be accepted.

I hereby authorize my employer to deposit any amounts owed me by initiating credit entries to my account at the financial institution(s) listed above. Further, I authorize the financial institution(s) listed above to accept and to credit any entries indicated by Choice Home Care, Inc to my account. In the event that Choice Home Care, Inc deposits funds erroneously into my account, I authorize Choice Home Care to debit my account not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Choice Home Care, Inc has received written notice from me of its termination in such time and in such manner as to afford Choice Home Care, Inc. a reasonable amount of time to act on it.

Employee Signature

Date