

**DIRECT DEPOSIT EMPLOYEE AUTHORIZATION FORM**



**EVERY FIELD MUST BE COMPLETED, ANY MISSING INFO WILL DELAY THE PROCESS FOR DIRECT DEPOSIT ACTIVATION**

I authorize (IN FAMILY HANDS IN HOME HEALTHCARE SERVICES) to direct deposit funds to my account with the financial institution listed below. If funds to which I am not entitled are deposited in my account, I authorize the initiation of a correction (debit) entry electronically or by any other commercially accepted method. I understand that the authorization may be rejected or discontinued at any time. If any of the below information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to you will be returned to you for distribution.

**This will delay your check.** I LIKE TO DEPOSIT THE FULL AMOUNT YES \_\_\_\_\_ NO \_\_\_\_\_ OR \_\_\_\_\_%

Check one of the following:  Start  Stop  Changing Account  Adding an Account

Effective Date:  As Soon As Possible  Future Pay date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Account #** (Type of Account: please check one)  Checking (voided check only), PAY NOW CARD-----  SAVING-----

Financial Institution Name  
(NAME OF BANK) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**ABA Bank Routing Number** (must be 9 numbers)

**Account Number** (not to exceed 17 numbers)

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(Enter the above information from the bottom of your check or savings deposit slip, do not include the check number)

In order to sign up for Direct Deposit you must attach a copy of a personal check or deposit slip. For security reasons we recommend that the check is Voided.  
- Staple the Voided check here

**PLEASE STAPLE YOUR VOIDED CHECK OR DEPOSIT SLIP IN THIS AREA**

This authorization will be in effect until the "Company" receives a written termination notice from the employee below:

**X** \_\_\_\_\_  
Employee Signature

**X** \_\_\_\_\_  
Date

\_\_\_\_\_   
Print First, Middle Initial and Last Name

\_\_\_\_\_   
Home Phone Number

\_\_\_\_\_   
Employee ID Number

I (the "Employee") understand that by submitting this form means my entire payroll check will be deposited into the above institution. The above "Employee" is required to sign this form to active direct deposit of their paychecks. **Direct Deposit will start after 72 hours received in the office.**