

Complete this form and submit to Payroll. Paychecks will continue as paper checks until the direct deposit is verified with the financial institution. Please allow 2-3 weeks for processing.

This document must be signed by employees requesting direct deposit of paychecks and retained on file by the Home at Heart Care. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Account 1

Account 1 type: Checking Savings

Bank routing number (ABA number): _____

Account number: _____

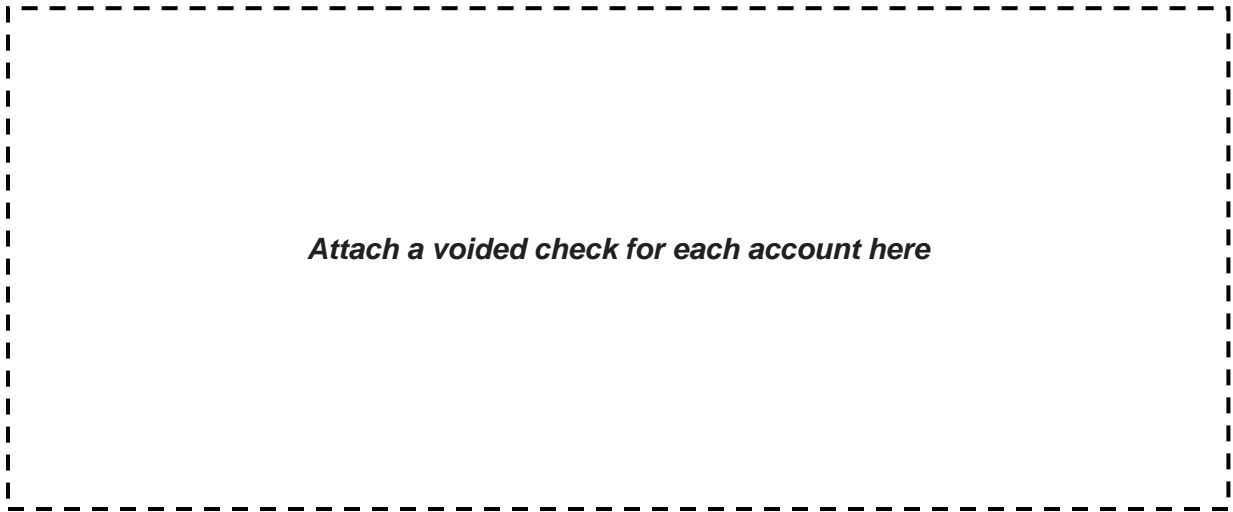
Percentage or dollar amount to be deposited to this account: _____

Account 2 (remainder to be deposited to this account)

Account 1 type: Checking Savings

Bank routing number (ABA number): _____

Account number: _____



Authorization-

This authorizes Home at Heart Care to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account(s) indicated above and to other accounts I identify in the future. This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until Home at Heart Care receives a written termination notice from me. Direct Deposit will be terminated one pay period after written termination is received.

Authorized signature: _____ Employee ID #: _____

Print name: _____ Date: _____