



## Direct Deposit Authorization Form

Employee Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Bank Name _____
Bank Address _____ City _____ State _____ Zip _____
Bank Routing Number* _____

\*The bank routing number can be found on the lower left-hand corner of your check/deposit slip, immediately before your account number.

*\*\*Important Note: The employee is responsible for contacting his/her bank or financial institution to confirm the bank routing numbers and account numbers. The employee is also responsible for notifying Payroll immediately if the deposit bank changes or account numbers change.*

<b>Deposit to:</b> (circle one)	<b>Checking</b>	<b>Savings</b>	(Please allow 1-2 pay periods for processing.)
Account Number _____			

*I hereby authorize A+ Home Care, Inc. to transfer the full amount of my wages, after deductions, to the financial institution named above for deposit to my account. I understand that it is my responsibility to notify Payroll immediately of any changes in my bank or account information.*

\_\_\_\_\_  
Employee Signature Date

**\*\*\*PLEASE ATTACH A VOIDED CHECK TO THIS FORM FOR CHECKING ACCOUNT REQUEST.**