



## EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

Employee: Fill out and return to your employer:

This document must be signed by employees requesting automatic deposit of paycheck and retained on file by the employer. Employees must attach a voided check for each of their accounts to help verify their account numbers and routing numbers.

Bank Name: \_\_\_\_\_

Account Type:           Checking           Savings

Account Number: \_\_\_\_\_

Bank routing number (ABA number) \_\_\_\_\_

Dollar/Percentage amount to be deposited into this account: \_\_\_\_\_

### **Account 2:**

Bank Name: \_\_\_\_\_

Account Type:           Checking           Savings

Account Number: \_\_\_\_\_

Bank routing number (ABA number) \_\_\_\_\_

Dollar/percentage amount to be deposited into this account: \_\_\_\_\_

I authorize Advance Nursing and Home Support to deposit my paycheck electronically each payroll period into the account named above. I agree that the ACH Transactions authorized herein shall comply with all applicable U.S Law. This authorization will be in effect until the company receives a written notice from myself and has a reasonable opportunity to act on it

---

Authorized Signature

Date

---

Printed Name

Date