

Employee Direct Deposit Authorization Enrollment Form



Last Name: _____ First Name: _____

Social Security Number: _____

I hereby authorize my employer, **CarePlus Home Health, Inc.** (the "COMPANY") to deposit any amounts owed to me by initiating credit entries to my account at the financial institution (the "BANK") indicated below. Further, I authorized BANK to accept and credit entries indicated by COMPANY to my – select one of the following:

- Checking Account
- Savings Account

I authorized COMPANY to debit my account in the event of a credit which should not have been made for an amount not to exceed the original amount of the erroneous credit.

Please complete the section below:

Bank Name: _____ City: _____ State: _____

- I wish to deposit \$_____.00 into the account below, OR
- I wish to have my entire Net Pay into the account below.

Bank Routing or Transit Number: _____ (Must be 9 digits)

Employee's Bank Account Number: _____

This authority is to remain in full force and effect until COMPANY and BANK have received written notification from me (employee) of its termination in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Employee Signature: _____ Date: _____

All written Debit and Credit authorizations must provide that the employee may revoke the authorization only by notifying the originator in the manner specified in the authorization.

Attach Voided Check Here

The numbers on the bottom of your voided check are used to make the electronic funds transfer directly to your account.