

ePayroll Direct Deposit and/or rapid! PayCard Visa Payroll Card								
		ceptance Form		,				
Name: Last, First, Middle Initial						Date of Birth (MM/DD/YYYY)		
Address (Mailing):				City:		State:		
Home Phone: Daytime					Employee Email:			
Employer Name and Address: <i>Pacific Homecare Se</i> . 1919 Grand Canal Blvd Ste C3, Stockton, Ca 9520						ID or SSN:		
Please choose from the following options:								
	Direct Deposit- I have a bank account already. Here is the Information to set me			rapid! PayCard - I would like to register for				
				a new r	apid! PayC	ardVisa Payroll Card.		
	up.							
Bank Name								
Pank Pouting Number			Nan	Name: n		rapid! PayCard		
Bank Routing Number			Rou	Routing Number 031101169				
Aco	count Number							
[Checking	□ Savings						

I authorize PACIFIC HOMECARE SERVICES to withhold the full payroll amount, from my pay, and deposit directly into the account(s) shown and/or I hereby authorize PACIFIC HOMECARE SERVICES to assign a rapid! PayCard and initiate credit entries and any correcting entries to my assigned rapid! PayCard account. The direct deposit(s) will be made on each payday, unless I notify PACIFIC HOMECARE SERVICES in writing of my intent to cancel. Upon PACIFIC HOMECARE SERVICES receipt of a request to cancel a direct deposit authorization, it shall become effective after a reasonable opportunity to act upon it.

In the event funds are deposited erroneously into my account, I authorize PACIFIC HOMECARE SERVICES to debit my account(s) not to exceed the original amount of the credit.

I understand that PACIFIC HOMECARE SERVICES reserves the right to refuse any direct deposit request. I also understand that all direct deposits are made through the Automated Clearing House (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

Note: If sending this form electronically, please type your initials and the last 4 letters of your social security number in the signature field. If sending or faxing a paper copy, please print out and sign your name(s) in the signature box

I I want a paper check mailed to me; I will continue to receive a paper check ; *I* understand that my pay check will be mailed via US Postal Service to my location and will arrive approximately 7 days after the pay date of the check.

For Direct Deposit to a bank account ONLY, please ATTACH a voided check (See example below), sign and date.

PAY TO THE ORDER OF	Print Name				
	Signature	Date			
Routing Number Account Number					