

Payroll Request Form

Please complete the form and sign acknowledgement. If you have any questions or concerns in completing the forms, contact us via email or telephone.

EMPLOYEE PAYROLL DIRECT DESPOSIT SERVICE:

First Name: _____ **Last Name:** _____

Social Security Number: _____

Begin Direct Deposit: _____ **Change Information:** _____ **Cancel Direct Deposit:** _____

Bank Name: _____ **City:** _____ **State:** _____

Checking (submit voided check with this form)

Please deposit: *(Check one of the following and complete)*

- Entire Net Pay
- _____ % of Net Pay
- Specific Dollar Amount: \$ _____

Savings (submit letter from your bank on their letterhead with your name, account # and the routing & transit #)

Please deposit: *(Check one of the following and complete)*

- Entire Net Pay
- _____ % of Net Pay
- Specific Dollar Amount: \$ _____

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

"I hereby authorize my employer, Ability Care Partner's Inc., (hereinafter) "Company" to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter) "Bank" indicated below. Further, I authorize Bank to accept and credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account, I authorize the Company to debit my account for an amount not to exceed the original amount or erroneous credit. This authorization is to remain in full effect until Company and Bank receive notice from me of change or until employee is no longer employed by Company."

Employee Signature: _____ **Date:** _____

DECLINE DIRECT DEPOSIT SERVICE

"I hereby decline direct deposit payroll service and request a paper payroll check be issued. I have read, understand and agree to the payroll policies (see Policies & Procedures) as issued to me by Ability Care Partner's, Inc. on this date."

Employee Signature: _____ **Date:** _____