

Authorization for Direct Deposit – Employee Form

I (employee Name) _____
Authorize PRIME HOME CARE, LLC to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account indicated below. I further authorize the above name employer to deduct from my account the amount of any overpayment should this happen.

Type of Account (check one): _____ Checking _____ Savings

Employee Bank Name

Account Number

Bank Routing

Please attached a voided check for your account here

E-mail: _____

*By providing your email, you agree to receive paystubs electronically (by mail). We can provide a paper copy upon request, giving us at least one week's notice.

This authorization will, be in effect until the Company receives a termination notice from myself and has a reasonable opportunity to act on it.

Signature

Printed Name

Date

IMPORTED: this document must be signed by employee requesting automatic deposit of paychecks and retained on file by the employer. Employees must attach a voided check for their account to help verify their numbers and bank routing numbers.