Helping Hands Healthcare
Direct Deposit Form

I would like my paycheck directly deposited into the following account:

_____ Checking
_____ Full Net
_____ $ Amount

_____ Savings
_____ Full Net
_____ $ Amount

* A VOIDED check or Savings Deposit Slip is required.

Important! Please read and sign before completing and submitting.

I hereby authorize Paychex to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept to credit any credit entries indicated by Paychex to my account. In the event that Paychex deposits funds erroneously into my account, I authorize Paychex to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Paychex and Bank have received written notice from me of its termination in such time and in such manner as to afford Paychex and Bank reasonable opportunity to act on it.

Employee Name: _____

Social Security Number: __ __ __ - __ __ - __ __ __ __

Employee Signature: _____ Date: _____

*It may take up to three pay periods to receive direct deposit after completing and submitting this form to Helping Hands Healthcare. In the event employment is terminated or voluntarily resignation takes place, direct deposit will be stopped immediately.

FOR OFFICE USE ONLY

Payroll Manager- Please complete this section and enter data into your Paychex Payroll system for employee enrollment. Then contact your CSR or AE for further instruction on how to update your employee's direct deposit information to Paychex. (Please print.)

Company Code: **M826** Company Name: **Helping Hands Healthcare**
Employee File Number: _____
Payroll Manager Name: **Terry Fritts**

Payroll Manager Signature: