



WINNERS HEALTHCARE SOLUTIONS, INC.  
9900 WESTPARK DR. STE.108 HOUSTON, TX. 77063

DIRECT DEPOSIT FORM

Employee: Fill out and return to your employer with a Voided Check or a Bank Letter or a Specification Sheet.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Employees must attach a voided check or Bank Letter for each of their accounts to help verify their account numbers and bank routing numbers.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Last four digits of Social Security #: \_\_\_\_\_

Account type:  Checking  Savings

Bank routing number (ABA number): \_\_\_\_\_ Account number: \_\_\_\_\_

Please attach one of the following for Checking or Savings accounts (check one):

- VOIDED CHECK HERE
- BANK LETTER OR SPECIFICATION SHEET. (The signature of your local bank representative MUST be included)

Authorization: (Enter employee name in the blank space below)

I \_\_\_\_\_ authorize my employer, Winners Healthcare Solutions, Inc. to make direct deposits to the named account.

Accountholder Name: \_\_\_\_\_ Accountholder signature: \_\_\_\_\_  
(If employee does not have the authority to deposit/authorize deposit to the accountholders account)

\_\_\_\_\_  
APPLICANT'S NAME

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

NOTE: IT MAY TAKE UP TO 15 BUSINESS DAYS TO MEET YOUR REQUEST