

DIRECT DEPOSIT AGREEMENT FORM

Employee Name: _____ SSN: _____

Amount to be directly deposited may be a combination of percentages equaling 100%. You may choose to deposit any percentage of your check in up to 2 different accounts or the entire amount into one account. Please indicate the amount below.

Account 1:

Bank Name: _____ Type of Account: Checking Savings

Account Number: _____ Bank routing/transit number: _____

Amount to be deposited: _____

Account 2:

Bank Name: _____ Type of Account: Checking Savings

Account Number: _____ Bank routing/transit number: _____

Amount to be deposited: _____

I hereby authorize **Nurse Aid, LLC/Angel Hands Home Care** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Nurse Aid, LLC/Angel Hands Home Care** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Nurse Aid, LLC/Angel Hands Home Care** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

If you sign up for direct deposit, you will be required to turn in the originals by 9am on Mondays rather than faxing them. NO EXCEPTIONS!!!

I have agreed to have my payroll check directly deposited into the above account number that I have provided to Nurse Aid, LLC/Angel Hands Home Care. I understand that I MUST turn in my original time slips by 9am on Monday in order for my money to be directly deposited.

This agreement will remain in effect until **Nurse Aid, LLC/Angel Hands Home Care** receives a written notice of cancellation from me or my financial institution. Once I submit a written notice of cancellation, I will be removed from direct deposit, and will receive a regular paycheck for as long as I am employed at Nurse Aid, LLC/Angel Hands Home Care.

Signature

_____/_____/_____
Date