

**Enchanted Hills
Home Healthcare Agency, Inc.
Employee Direct Deposit Enrollment Form**

To enroll in direct deposit, fill out this form and return it to the office. Attach a voided check-not a deposit slip. If you would like to have your check deposited into a savings account, ask your bank to give you the routing/transit number for your account.

Please read and sign below.

I authorize Enchanted Hills Home Healthcare Agency, Inc. to deposit any amounts owed to me by initiating credit entries into my account (s) at the financial institution indicated on this form. I authorize the indicated financial institution to credit any credit entries indicated by Enchanted Hills Home Healthcare Agency, Inc. to my accounts. In the event that Enchanted Hills Home Healthcare Agency, Inc. deposits erroneously into my account, I authorize Enchanted Hills Home Healthcare Agency, Inc. to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in effect and full force until Enchanted Hills Home Healthcare Agency, Inc. and my financial institution have received written notice from me of its termination in such time and in such a manner as to afford both reasonable opportunity to act on it.

Employee Name: _____

Social Security #: _____

Employee Signature: _____ Date: _____

Account Information

1. Bank Name/City/State: _____
Routing/Transit#: _____ Account Number: _____

___ Checking ___ Savings ___ Other I wish to deposit: \$ _____. ___ or ___ Entire Amount

2. Bank Name/City/State: _____
Routing/Transit#: _____ Account Number: _____

___ Checking ___ Savings ___ Other I wish to deposit: \$ _____. ___ or ___ Entire Amount