



Direct Deposit Authorization Form

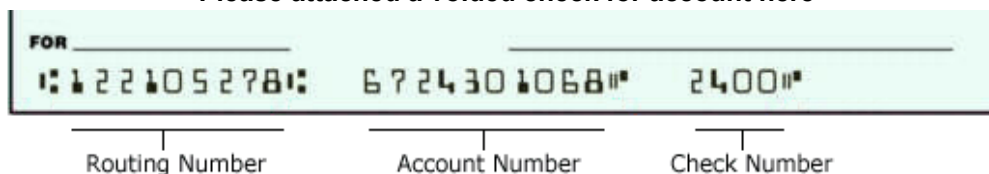
I authorize (my employer), *New Day Home Care, Inc.*, to deposit my payroll check directly into my account listed below (this includes my authorization to correct entries made in error.) This authorization will remain in effect until I give written notice to cancel it.

Printed Name:	
Address:	
Telephone:	
E-mail:	

Account #1			
Bank Name/ City/State: _____			
Account 1 Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other
Routing Transit #:	_____	Account #:	_____
Please indicate the amount to be deducted each pay period			
<input type="checkbox"/> Net pay:	_____	<input type="checkbox"/> % or Dollar amount	_____

Account #2			
Bank Name/ City/State: _____			
Account 2 Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other
Routing Transit #:	_____	Account #:	_____
Please indicate the amount to be deducted each pay period			
<input type="checkbox"/> Net pay:	_____	<input type="checkbox"/> % or Dollar amount:	_____

Please attached a voided check for account here



IMPORTANT: This document must be signed by employee requesting electronic deposit of paycheck to their bank account
This form should be retained in employee HR file.



Direct Deposit Authorization Form

Signature

Date

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This form should be retained in employee HR file.