

DIRECT DEPOSIT FORM



(Please Print)

Employee Name: _____

Employer Name: Trusted Care at Home, d.b.a. Home Instead Senior Care

Social Security: _____

You must attach a voided check for each NEW deposit request

For deposit into a savings account, you may use a deposit slip

Action	Effective Date	Account	Account Info / Deposit Amount		
FIRST ACCOUNT					
<input type="checkbox"/> NEW* <input type="checkbox"/> Cancel <input type="checkbox"/> Change (Amounts Only)	<input type="checkbox"/> Immediately <input type="checkbox"/> Future Pay Date ____/____/____ -	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Routing #	Account #	Bank Name
			<input type="checkbox"/> Deposit my ENTIRE Payroll		
SECOND ACCOUNT					
<input type="checkbox"/> NEW* <input type="checkbox"/> Cancel <input type="checkbox"/> Change (Amounts Only)	<input type="checkbox"/> Immediately <input type="checkbox"/> Future Pay Date ____/____/____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Routing #	Account #	Bank Name
			<input type="checkbox"/> Deposit my ENTIRE Payroll		
THIRD ACCOUNT					
<input type="checkbox"/> NEW* <input type="checkbox"/> Cancel <input type="checkbox"/> Change (Amounts Only)	<input type="checkbox"/> Immediately <input type="checkbox"/> Future Pay Date ____/____/____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Routing #	Account #	Bank Name
			<input type="checkbox"/> Deposit my ENTIRE Payroll		

*** IMPORTANT NOTICE – For NEW deposit request – Your Direct Deposit is pre-notified with your bank and the Federal Reserve to ensure that bank routing number and your account number are correct. This process may delay your initial deposit by up to two (2) pay periods, depending on your pay cycle.**

I authorize Trusted Care At Home, d.b.a. an independently owned and operated Home Instead Senior Care franchise (Company) to deposit my payroll check into my account(s) as detailed above. I request that Direct Deposit begin according to the Effective Date listed, and continue until I provide written cancellation notice to Company. If the amount of my Direct Deposit is incorrect or in error, I authorize Company to recover any amounts deposited from my account. I understand that I am responsible for the repayment of any funds directly deposited into my account in error which are not recovered by Company. **A \$10.00 fee will be collected should your account change or close without proper notification.**

Employee Signature

Date of Authorization

Each Home Instead Senior Care franchise office is independently owned and operated.