



**DIRECT DEPOSIT REQUEST FORM**

**PLEASE ATTACH YOUR VOIDED CHECK  
HERE**



*\* Please notify payroll immediately if you close or change your bank account*

**TO BE COMPLETED BY EMPLOYEE:**

\_\_\_\_\_ New Enrollment \_\_\_\_\_ Cancel Enrollment

I hereby authorize  **Amazing Home Care** to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository name(s) below, hereinafter called depository, to credit and/or debit the same as such:

NAME: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*(Please print your name as it appears on your account)*

*(Social Security #)*

BANK NAME: \_\_\_\_\_

*(Name and Address)*

ACCOUNT # \_\_\_\_\_ BANK ROUTING # \_\_\_\_\_

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**\*\*\* NOTE: THE NEXT PAYROLL CHECK AFTER THIS FORM IS RECEIVED WILL BE A PHYSICAL CHECK. THIS CHECK WILL CONTAIN THE INFORMATION FOR DIRECT DEPOSIT THAT WILL FOLLOW FOR THE SUBSEQUENT PAYROLL. PLEASE VERIFY ALL THE BANK INFORMATION PRESENT ON THIS CHECK IN ORDER TO ENSURE THAT DIRECT DEPOSIT CAN GO THROUGH FOR THE SECOND PAYROLL.**

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Direct deposit is made at the sole discretion of the company for the benefit of our employees. Direct deposit may be cancelled at any time based on the needs of the company. Upon termination of my employment (voluntary or otherwise), the company reserves the right to cancel direct deposit on my final paycheck and to instead issue an actual check directly to me, less any monies owed to the company.