

All Heart Home Care

AUTHORIZATION FOR DIRECT DEPOSIT

EMPLOYEE NAME: _____

FROM **Outsource Management Group**,
Payroll Managers for All Heart Home Care

- I choose to opt out of Direct Deposit – please mail my pay check. If my mailing address changes I will notify All Heart Home Care.
- I choose Direct Deposit – I will access my pay stub online - If this decision changes I will notify All Heart Home Care.
- I choose Direct Deposit - I would like my pay stub mailed. If my mailing address changes I will notify All Heart Home Care.

A full or partial deposit of your wages may be made up to two checking or savings accounts, and up to two different banks or credit unions. You may specify the amount to be deposited, or specify the remaining balance be deposited in any account. For Account #1, select the account type and specify the dollar amount, or check the box indicating that you want the total amount deposited to that account. For the remaining accounts, select the account type and specify the dollar amount, or select the check box indicating that you want the remaining balance deposited to that account. NOTE: When filling in the "9-Digit Routing Number" and "Account Number" information, please *be sure to verify them* with your bank or credit union before submitting this form. **You must include a voided check or letter from your bank or credit union with routing and account numbers with this form.**

Account #1	Select Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Name	
9-Digit Routing Number	Account Number
Requested amount per period	\$ or % of payroll deposited
Account #2	Select Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Name	
9-Digit Routing Number	Account Number
Requested amount per period	\$ or % of remaining payroll deposited

I hereby authorize **Outsource Management Group** (the Company) to deposit my paycheck as specified above. This authorization shall be effective as quickly as the Company and the designated bank(s) or credit union(s) can act upon it. This authorization is to remain in effect until I notify the Company in writing to terminate this authorization or replace it with substitute authorization and the Company and the designated bank(s) or credit union(s) have sufficient time to act on it. I understand that the Company may cancel this agreement upon notice to me, and that, at the discretion of the Company; this authorization may not apply to any payment due at termination of employment.

X _____
Employee Signature

Date

In case of Emergency, Contact Name

Relationship

Phone #