



DIRECT DEPOSIT AUTHORIZATION FORM

****PLEASE ATTACH A COPY OF A VOIDED CHECK or BANK AUTHORIZATION****

Payroll Fax (602) 795-7621

Payroll Main line 602 795-7620

Name: _____

Phone: (____) _____

You may allocate your pay to a total of four institutions (two different checking accounts and/or two different savings accounts). One of these accounts must be for the Net Pay. If you choose to have other accounts, they must have FLAT dollar amounts.

This form must be used for any account changes. It is the responsibility of the employee to complete a new form and submit it to the Payroll department. **INCOMPLETE FORMS WILL NOT BE PROCESSED.**

INSTRUCTIONS: For checking accounts, a voided check or check copy must be attached. For savings accounts, documentation from the bank stating your account number along with the banks routing number must be attached. **** Please FAX OR hand deliver to payroll only****

ACTION	BANK	ROUTING #/ABA#	ACCOUNT #	TYPE	NET/FLAT \$\$
Start / Stop / Change				Checking / Savings	\$_____ / NET
Start / Stop / Change				Checking / Savings	\$_____ / NET
Start / Stop / Change				Checking / Savings	\$_____ / NET
Start / Stop / Change				Checking / Savings	\$_____ / NET

Signature: _____

Date: _____

I hereby authorize Home Assist Health Payroll Department to initiate Direct Deposit entries, and if necessary reversal of those funds made in error.

I understand that my request will go through a pre-notification process in the first pay period after entered by payroll and I will receive a live paycheck.