



**Advanced Care**  
STAFFING

Employee Direct Deposit Enrollment Form

New Agreement

Change Account

Cancel Agreement

This Authorizes Advanced Care Staffing to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account(s) indicated below. This authorizes the financial institution holding the account to post all such entries.

**Employee Information:**

Employee Name: \_\_\_\_\_

Social Security #: \_ \_ - \_ - \_ - \_ - \_ -

Employee Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Account Information:**

1. Bank Name \_\_\_\_\_

Routing Transit #: \_ \_ \_ \_ \_ Account Number: \_\_\_\_\_

Checking  savings  other I wish to deposit \$ \_\_\_\_\_. \_\_\_\_ or  entire net amount

2. Bank Name (remainder to be deposited to this account) \_\_\_\_\_

Routing Transit #: \_ \_ \_ \_ \_ Account Number: \_\_\_\_\_

Checking  savings  other I wish to deposit \$ \_\_\_\_\_. \_\_\_\_ or  entire net amount

**Please Attach a void check for each account here.**

This authorization will be in effect until the company receives written termination notice from employee.