



DIRECT DEPOSIT FORM

Complete this form, then print it, sign it and take it to your employer's payroll department to request a direct deposit of your paycheck.

Customer Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please have my paycheck automatically deposited into the following account:

Checking or Saving Account Number: _____

Your Bank's Routing Number: _____

I Authorize ABC HOMECARE SERVICES, LLC and my bank to automatically deposit my paycheck into my account listed above (this includes my authorization to correct entries made in error). This authorization will remain in effect until I give written notice to cancel it.

Customer Signature: _____

Date: _____