

Direct Deposit Form

I, _____ authorize Reliable Home Health to deposit my pay automatically to the account indicated below and if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford a reasonable opportunity to act on it.

Name of Account Holder: _____

Name of Bank: _____

Bank Account Number: _____

Bank Routing Number: _____

What type of account is this? Checking Saving

***** WARNING *****

If you document the wrong account or routing information, you will not receive your paycheck on time due to YOUR error. You will have to wait for your bank to reroute your paycheck to the correct account. If they do not reroute it and decline it, they will send the money back to our account. Once the money is returned to our account, we will then be able to write you a new check. If they choose this route, it could take up to a week for the money to be returned in turn means you will not receive your paycheck until then.

Please double check the information you provided.

If you do not have this information at the time of your interview, please take this form with you. Once you have your information, please send it to Angel (Payroll Department). Her number is 724-393-0012. Email: angelstiteler@reliablehh.org

Employee Signature: _____

Date: _____