



## Authorization for Initial Direct Deposit

I, \_\_\_\_\_ hereby request and authorize Access Healthcare LLC to directly deposit my pay, in lieu of a paycheck, into the bank or credit union account(s) I have designated below. If you want to split the deposit, please note account as well as amount to be deposited into each.

Bank or Credit Union:

Checking:

Savings:

Acct #1- Account #

ABA #

Amount to be deposited:

Bank or Credit Union:

Checking:

Savings:

Acct #2- Account #

ABA #

Amount to be deposited:

I acknowledge that ACCESS HEALTHCARE LLC assumes no responsibility for the availability of funds which is subject to the policy of my bank or credit union.

I understand that upon termination for any reason, my final pay will not be via direct deposit, but will be in the form of a check. I further acknowledge that ACCESS HEALTHCARE LLC has the right to deduct any monies from my account to recover any over payments made on my paychecks.

Signature

Date

Reminder: An original voided check or printed deposit slip for savings account must be attached. It must include the ABA routing number.

Please forward to [davispayroll@yahoo.com](mailto:davispayroll@yahoo.com) upon completion!