EFT Authorization – Payroll

AdoreU issues pay through direct deposit to the employee's bank account or pay card every other Friday, bi-weekly, according to the AdoreU's Payroll Schedule. Paystubs and W2 forms are available online. You will receive a welcome email to set up employee access. When using these services, employee must create a login profile online first before using the mobile app.

(Please choose your method of pay)

_____ I would like wages deposited to my checking account:

Bank Name: _____

Routing #: _____ Account #: _____

_____ I would like my wages deposited to my savings account:

Bank Name: _____

Routing #: _____ Account #: _____

_____ I would like my wages printed on paper check

I hereby authorize ADOREU Healthcare Services to deposit any amounts owed to me by initiating credit entries to my account at the financial institution (hereafter BANK) indicated above. Furthermore, I authorize BANK to accept and to credit any credit entries indicated by COMPANY to my account. I n the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debt my account for an amount not to exceed the original amount of the erroneous credit.

For my convenience, I request that ADOREU Healthcare Services, LLC directly deposit my wages/salary earned from my employer, into my bank account. I understand that deposit of my earnings into my account by INTUIT may be an advance of funds on behalf of my employer, which is subject to the successful collection of these funds by INTUIT from my employer's bank. If, within 30 days of INTUIT making the deposit, my employer does not make available to INTUIT the funds that were advanced to make the deposit into my account, I authorize INTUIT to charge my account to recover said advance. I agree to hold INTUIT harmless from loss and to indemnify it, limited to the amount of deposit.

I understand that it is solely my responsibility to supply INUIT with the correct routing number and account number for my direct deposit. I understand that my deposits may be delayed if the information I supply is incorrect.

This authorize is to remain in full force and effect until COMPANY and BANK have received written notice from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

NAME: _____ DATE: _____

SIGNATURE: _____