

COMFORT CARE CDS EMPLOYEE DIRECT DEPOSIT FORM

I authorize CSL Enterprises LLC DBA Comfort Care 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. The authorization will remain in effect until I cancel it in writing and in such time as to afford CSL Enterprises LLC DBA Comfort Care a reasonable opportunity to act on it.

Name of Bank: _____

Bank Account Number: _____ Checking Savings

Routing Account Number: _____

Please provide email address for paystubs to be emailed:

Email Address: _____

PLEASE SEND A COPY OF A VOIDED CHECK OR PICTURE OF BANKING INFORMATION AS LISTED ABOVE.

ANY CHANGES TO DIRECT DEPOSIT NEED TO BE MADE BY EVERY TUESDAY AT 4:00 PM

I understand that direct deposit is an option as an employee of CSL Enterprises LLC DBA Comfort Care

I acknowledge the following:

- I have to submit a signed authorization form
- I have to submit a copy of my bank account information
- Direct Deposit Days are on FRIDAYS
- During holiday weeks, I understand that my direct deposit may not be available until the following business day which will be on MONDAY the following week of any banking holiday.

EMPLOYEE SIGNATURE: _____

DATE: _____