

COMFORT CARE EMPLOYEE DIRECT DEPOSIT FORM

I authorize Comfort Care In Home Services Inc. 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 Comfort Care In Home Services Inc. 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

NOTICE: FOR ANY EMPLOYEE WHO CALLS IN TO WORK AND DOESN'T RETURN TO THEIR REGULAR SCHEDULED HOURS BY WEDNESDAY AT NOON, COMFORT CARE IN HOME SERVICES INC. RESERVES THE RIGHT TO WITHHOLD THE DIRECT DEPOSIT FOR THE WEEK AND MAIL OUT A PAPER CHECK INSTEAD.

FINAL PAYCHECKS: FINAL PAYCHECKS WILL NOT ISSUED BY DIRECT DEPOSIT AND A PAPER CHECK WILL BE ISSUED AND HELD UNTIL ALL COMPANY PROPERTY IS RETURNED, INCLUDING BUT NOT LIMITED TO: NAME BAGES, EMPLOYEE BINDERS, AND OTHER REQUESTS MADE TO EMPLOYEE BY COMPANY.

EMPLOYEE SIGNATURE: _____

DATE: _____