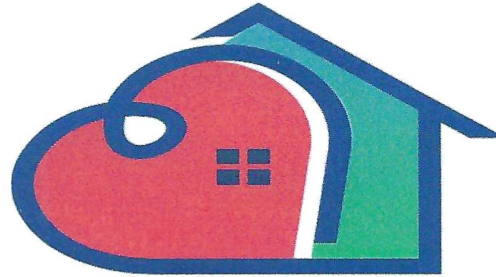


# Employee Payroll Direct Deposit Form



Employees should use this form to request direct deposit of payroll payments into the financial institution of their choice. It is the employee's responsibility to provide accurate routing and account number information. If in doubt, the employee should contact their financial institution to ensure accuracy prior to submitting this form. Print clearly and legibly to prevent errors. Employees also have the option to mail or hand deliver the form to Agape Homecare, 35 N Main St. Suite 3A-2, Southington, CT 06489.

**Important Note:** The effective date of this change will depend on receipt of the form and the payroll processing schedule.

YOUR NAME	EMPLOYEE INFO AND CONTACT	PREFERRED CONTACT NUMBER	(All fields required)
EMPLOYEE ID NUMBER		PREFERRED EMAIL ADDRESS	

Will these payments be forwarded to a financial institution outside the United States?

☐ YES ☐ NO

Routing Transit # (A 9-digit number always between these two marks)

Checking Account #

Check # (this number matches the number in the upper right corner of the check - not needed for sign-up)

## ACTIONS REQUESTED

Account # 1	Check One	Check One
	<input type="checkbox"/> CANCEL/STOP	<input type="checkbox"/> Checking
	<input type="checkbox"/> NEW SETUP	<input type="checkbox"/> Savings
	<input type="checkbox"/> CHANGE	

Financial Institution:
Routing transit number:
Account Number: