

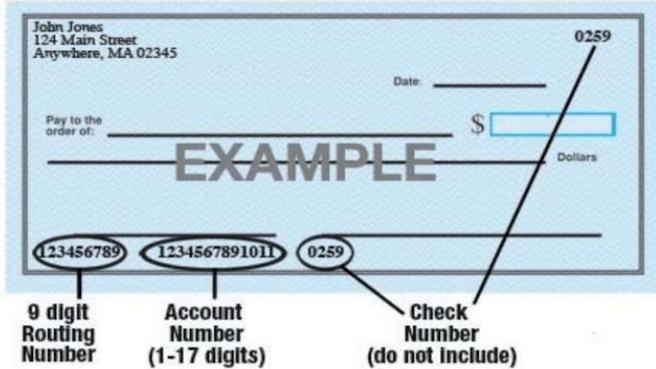


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DIRECT DEPOSIT AUTHORIZATION FORM

Please print and complete ALL the information below.

Name of Employee:
Address:
Phone Number:



Name of Bank:
Account Number:
9-Digit Routing Number:
Amount: <input type="checkbox"/> \$ _____ <input type="checkbox"/> _____ % <input type="checkbox"/> Entire Paycheck
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Please attach a voided check for each bank account to which funds should be deposited.

Maplewood Home Care is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature

Date

Parent/Guardian Signature (If employee is a minor)

Date

Office Use Only:

New Hire Account Update Account Date Entered: _____ Entered By: _____