

DOVE HEALTHCARE / ORCHARD HILLS

Direct Deposit Authorization Agreement

EMPLOYEE NAME: _____

You can select up to 8 different accounts to disburse your paycheck to:

Type of Acct (Checking/Savings)	Amount to Deposit	Routing Number	Acct. #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please attach one of the following:
Voided check
Deposit ticket
Copy of account card

I hereby authorize Dove Healthcare Nursing & Rehabilitation / Orchard Hills to initiate credit entries and to initiate, if necessary, debit entries and adjustments for credit entries in error to my account(s) indicated above. I also authorize the financial institution(s), to credit the same entries to such account(s).

I understand that if I close one of the above accounts, I must notify the human resource/payroll representative at Dove Healthcare / Orchard Hills at least one week prior to my next scheduled payday. If I fail to give appropriate notice, I understand that I may be charged \$25.00 to stop the direct deposit from going into a closed account.

Employee Signature

Date

NOTE: IT WILL TAKE TWO PAY PERIODS FOR YOUR DIRECT DEPOSIT AUTHORIZATION TO GO INTO EFFECT. WHENEVER I ADD OR MODIFY A DIRECT DEPOSIT ORDER, IT HAS TO GO THROUGH A NOTIFICATION PROCESS THROUGH THE BANKING SYSTEM. YOUR FIRST CHECK AFTER I ADD OR CHANGE A DIRECT DEPOSIT WILL BE A MANUAL CHECK THAT YOU WILL HAVE TO CASH, AND THEN YOUR SECOND CHECK SHOULD GO DIRECTLY INTO YOUR DESIGNATED ACCOUNT.