FACILITY: BLUE LINE

DIRECT DEPOSIT REQUEST FORM

PLEASE ATTACH YOUR VOIDED CHECK HERE

**** Please notify payroll immediately if you close or change your bank account***

ENROLLMENT - TO BE COMPLETED BY EMPLOYEE:

I hereby authorize **BLUE LINE HOME CARE** (*facility name)* to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository name(s) below, hereinafter called depository, to credit and/or debit the same as such:

NAME: _____ _____-_____-_____
(Please print your name as it appears on your account) *(Social Security #)*
ACCOUNT TYPE: ___ Checking ___ Savings
BANK:_____
(Name and Address)
ACCOUNT # _____ BANK ROUTING # _____

ACCOUNT TYPE: ___ Checking ___ Savings AMOUNT: $_____
BANK:_____
(Name and Address)
ACCOUNT # _____ BANK ROUTING # _____

(Use extra sheets for additional deposit distributions.)

*** **NOTE: THE NEXT PAYROLL CHECK AFTER THIS FORM IS RECEIVED WILL BE A PHYSICAL CHECK. THIS CHECK WILL CONTAIN THE INFORMATION FOR DIRECT DEPOSIT THAT WILL FOLLOW FOR THE SUBSEQUENT PAYROLL. PLEASE VERIFY ALL THE BANK INFORMATION PRESENT ON THIS CHECK IN ORDER TO ENSURE THAT DIRECT DEPOSIT CAN GO THROUGH FOR THE SECOND PAYROLL.**

EMPLOYEE SIGNATURE: _____ DATE: _____

Direct deposit is made at the sole discretion of the company for the benefit of our employees. Direct deposit may be cancelled at any time based on the needs of the company. Upon termination of my employment (voluntary or otherwise), the company reserves the right to cancel direct deposit on my final paycheck and to instead issue an actual check directly to me, less any monies owed to the company.

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