1st Priority Homecare

DIRECT DEPOSIT AUTHORIZATION FORM

Fill in the boxes below and sign the form.

Last Name

First Name

MI

Social Security Number

Work Phone

Action

New ☐ Change ☐ Cancel ☐

Effective Date

Month ☐☐ Day ☐☐ Year ☐☐

Name of Financial Institution

Account Number (Include hyphens but omit spaces and special symbols.)

Type of Account

Checking ☐ Savings ☐

Routing Transit Number

(All 9 boxes must be filled. The first two numbers must be 01 through 12 or 21 through 32.)

Ownership of Account

Self ☐ Joint ☐ Other ☐

By signing this agreement, I authorize 1st Priority Homecare to initiate credit entries to the account indicated above for the purpose of expense and/or payroll. I also authorize 1st Priority Homecare to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

X Signature _____ Date _____

If the account is a joint account or in someone else's name, that individual must also agree to the terms stated above by signing below.

Signature _____ Date _____

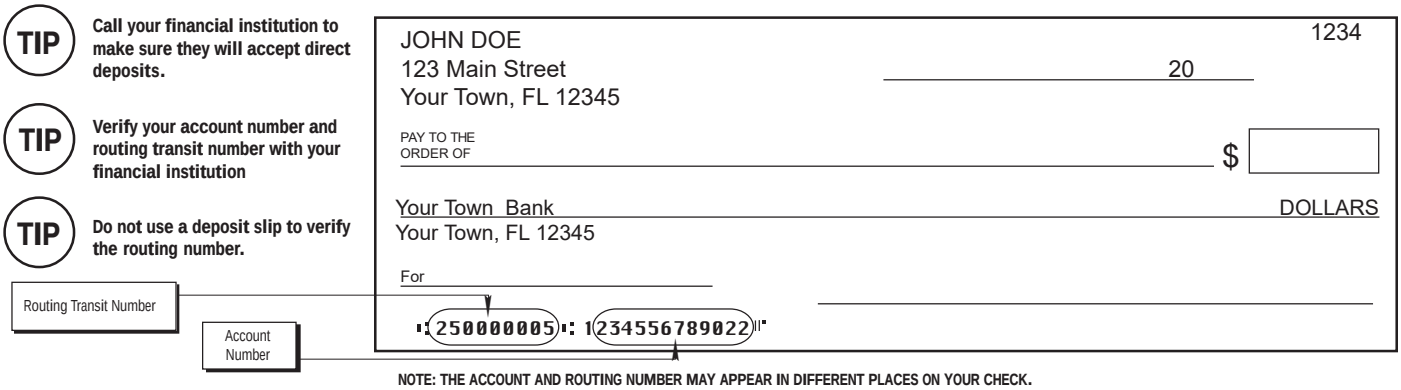
HOW TO COMPLETE THIS FORM

1. Fill in all boxes above.
2. Sign and date the form.

TIP **Call your financial institution to make sure they will accept direct deposits.**

TIP **Verify your account number and routing transit number with your financial institution**

TIP **Do not use a deposit slip to verify the routing number.**



NOTE: THE ACCOUNT AND ROUTING NUMBER MAY APPEAR IN DIFFERENT PLACES ON YOUR CHECK.