

To arrange for direct deposit.

- ____ Complete the employee portion of this form.
- ____ Return the completed form to the Human Resource Department.

TO BE COMPLETED BY EMPLOYEE

I hereby authorize Loveland Health Care Center 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 the same as such:

Please print your name as it appears on your account

Signature

Date

New Enrollment Change Cancellation

Account Type: Checking Savings

Amount:

(EX: 100%)

Bank:

Account Number:

Routing Number:

(9 numbers)

New Enrollment Change Cancellation

Account Type: Checking Savings

Amount:

Bank:

Account Number:

Routing Number:

(9 numbers)

The authority is to remain in full force and effect until the company has received written notification from me of its termination in such time and in such manner as to afford the company and depository a reasonable opportunity to act on it.

Notify payroll immediately if you close or change your bank account