



Direct Deposit Enrollment and Authorization

Employee Name: _____
Title: _____
Division: _____
Social Security Number: _____

- Start Direct Deposit
 Stop Direct Deposit

Name of Bank or Financial Institution: _____
Location (city/state): _____
Phone Number: _____

Verify information below with your bank or financial institution:

Account type: Checking Savings
Account Number: _____
ABA Routing Number: _____

IMPORTANT: Please attach a canceled check or deposit slip with Routing Number.

I hereby authorize ArchCare to deposit my pay each payday into the account listed above. I understand that this arrangement will remain in effect until I give written notice to stop it or until ArchCare notifies me that this service is discontinued.

Employee Signature _____ Date _____