



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 No: _____

IMPORTANT: Please attach a voided check or documentation from your financial institution.

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
