Macas Home Care LLC

Employee Direct Deposit Request

NAME:_____ BRANCH: _____

Complete the required information. Allow at least 2-3 weeks for processing. For checking accounts, a copy of a voided check must be provided. For savings accounts, a copy of a deposit slip must be provided.

DIRECT DEPOSIT 1

NAME OF BANK: _____

ABA#:_____ ACCOUNT #: _____

○ CHECKING ○ SAVINGS

I would like to deposit: ○ Entire Net Pay ○ $_____ ○ %_____

ATTACH A COPY OF A VOIDED CHECK / SAVINGS DEPOSIT SLIP

In order for this direct deposit authorization to be valid, the name of the employee must be on the voided check or deposit slip. A notice from the bank authorizing the employee to deposit funds into the account will be accepted.

DIRECT DEPOSIT 2

NAME OF BANK: _____

ABA#:_____ ACCOUNT #: _____

○ CHECKING ○ SAVINGS

I would like to deposit: ○ Entire Net Pay ○ $_____ ○ %_____

ATTACH A COPY OF A VOIDED CHECK / SAVINGS DEPOSIT SLIP

In order for this direct deposit authorization to be valid, the name of the employee must be on the voided check or deposit slip. A notice from the bank authorizing the employee to deposit funds into the account will be accepted.

I hereby authorize my employer to deposit any amounts owed me by initiating credit entries to my account at the financial institution(s) listed above. Further, I authorize the financial institution(s) listed above to accept and to credit any entries indicated by MacasHome Care LLC to my account. In the event that Macas Home Care LLC deposits funds erroneously into my account, I authorize Macas Home Care LLC to debit my account not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Macas Home Care LLC has received written notice from me of its termination in such time and in such manner as to afford Macas Home Care LLC a reasonable amount of time to act on it.

Employee Signature Date