



## DIRECT DEPOSIT REQUEST FORM

DIRECT DEPOSIT TAKES EFFECT ON THE SECOND CHECK AFTER **THIS FORM AND REQUIRED BACKUP** IS RECEIVED BY THE PAYROLL DEPARTMENT

Employee Name: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

I authorize the VNA Health Care to automatically credit my pay to the following bank accounts, and to debit these accounts in the event of an error.

Priority	Account Type	Bank Name	Transit/ABA/routing #	Account #	\$ Amt %

\*\*Please talk to your bank to ensure that it accepts payroll direct deposit, and that the information that you have is correct. Some banks have special routing numbers for the direct deposit.\*\*

A voided check or bank specification sheet **MUST** be attached to this form to ensure the transit and account numbers are correct. Many banks have the bank specification form available on line.

Employee Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**Attach voided check or specification sheet.**

Note : Deposit tickets cannot be used for direct deposit