



# Community Living Centers, Inc.

## Direct Deposit Form

### Employee Information

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

Social Security No: \_\_\_\_\_

**Please choose one of the following options:**

- This is a new direct deposit request
- This replaces my current direct deposit
- This is in addition to my current direct deposit
- This cancels my current direct deposit

**Direct Deposit**

**Bank Account Information – Account 1:**

Account Type:  Checking  Savings **Amount/Percent: \$\_\_or\_\_% or  All**

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Bank Account Information - Account 2:**

Account Type:  Checking  Savings **Amount/Percent: \$\_\_or\_\_% or  All**

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Bank Account Information - Account 3:**

Account Type:  Checking  Savings **Amount/Percent: \$\_\_or\_\_% or  All**

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Additional Information for Direct Deposit:**

- It is your responsibility to notify Payroll of any changes to / closure of your bank account. Failure to notify Payroll may delay issuance of checks.
- **For each account, you must provide a voided check drawn from the account (no deposit slips) or a letter from the bank on official letterhead verifying the routing and account #. Failure to provide may cause delay in processing.**

By providing the information requested above and signing below, I hereby elect and consent to receive my wages via direct deposit. In addition, I hereby authorize Community Living Centers, Inc. on its own behalf and on behalf of its direct and indirect subsidiaries and affiliates to make (electronically or otherwise) all deposits and deposit adjustments involving my pay, including those involving off cycle pay and pay upon discharge, to the account(s) identified above, and I authorize the bank(s) listed above to accept such deposits and make such adjustments. These authorizations will remain in effect until Community Living Centers, Inc. receives written notice from me terminating my authorization.

**Paycard**

**Paycard Information:**

Routing Number:

Deposit Amount/Percent: \$\_\_\_\_\_or\_\_\_\_\_% or  All

Paycard Number: \_\_\_\_\_ *(to be entered by HR)*

By providing the information requested above and signing below, I hereby elect and consent to receive my wages, including but not limited to off cycle wage payments and wage payments upon discharge, by electronic transfer of wages to a paycard. In addition, to the extent permitted by applicable law, I hereby authorize Community Living Centers, Inc. to make all of my deposits and deposit adjustments, including those involving off cycle wage payments and wage payments upon discharge, to my paycard, and I authorize the bank where such funds are deposited to accept such deposits and make such adjustments. I acknowledge I have received a copy of the terms, conditions, and fees associated with using such paycard. This authorization shall remain in effect until fourteen (14) days after Community Living Centers, Inc. receives written notice from me terminating my authorization.

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