

Home Health VNA  
 Home Care Inc  
 Merrimack Valley Hospice  
 Home Health Foundation  
 ATTN: Payroll Dept  
 360 Merrimack St  
 Lawrence, MA 01843

## Direct Deposit Request Form

You may have to four (4) separate accounts for your Direct Deposit. Please list them below including the bank routing number.

If your are starting a new deposit to a checking account, please attach a **VOIDED** check from that account. If you need the Bank Routing # for a savings account, please contact your bank.

This form replaces any previous Direct Deposit authorizations. Please include ALL accounts even if there is a change to only one account.

I request my paycheck to be deposited as follows:

Bank Routing # (Transit/ABA #)	Account #	Account Type C=Checking S= Savings	Action required New Account Same as Before Change \$ Amount	STOP THIS DEPOSIT	Net Pay OR Specify Amount if Partial

By signing below, I understand that my deposit may not post to my account until Monday on a normal pay week and Tuesday when there is an agency or bank holiday.

***I also understand that it takes two (2) weeks for Direct Deposit to start, and during this period I will get a live check.***

I authorize funds deposited into my account in error to be withdrawn.

Print Employee Name \_\_\_\_\_ ID # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please indicate the company you work for: Circle one.**    **VNA**    **HCI**    **MVH**    **HHF**

Revised 1/27/12

All previous versions are obsolete

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