

Payment Options Form

Caring Hands Homecare requires electronic payment for payroll

Choose one option: ☐ New Authorization ☐ Change Authorization ☐ Cancel Authorization

EMPLOYEE FULL NAME		EMAIL
FULL MAILING ADDRESS		
PHONE NUMBER	DATE OF BIRTH	SSN (LAST 4 DIGITS) or EIN (EMPLOYER IDENTIFICATION NUMBER)

Payment

Direct Deposit

Bank Document is Required for Direct Deposit - Bank document must show your typed name, bank name, full routing, and full account number. You can submit a voided check, bank statement, or typed bank letter.

Complete the form with your account information and return it to CARING HANDS along with a bank document that includes:

BANK NAME		
ROUTING NUMBER		
ACCOUNT NUMBER		
ACCOUNT TYPE	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
AMOUNT TO DEPOSIT	\$_____ or <input type="checkbox"/> Entire Check	

I certify the information provided is correct. I authorize Caring Hands to withhold the indicated amount(s), if available, from my pay, and deposit directly into the account(s) shown above. All deposits will be made on each payday. In the event that funds are transmitted in error to my account, I authorize Caring Hands to reverse the deposit or debit the funds from my account. This authorization will remain in effect until I have cancelled it in writing or until termination.

Signature

Date