

**PAYROLL DIRECT DEPOSIT REQUEST FORM**

\_\_\_\_\_ **New Request**

\_\_\_\_\_ **Change**

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

*Instructions:* Your payroll checks can be directly deposited into your checking account, savings account or any other institution you prefer, up to two (2) different accounts. It can be divided into any amount you designate. This is a service offered to you at no charge and is not mandatory. However, it is a convenience to both you and BHCA, Inc. If you wish to take advantage of this benefit, please complete the blanks below and return the form to the Payroll Department. Note that this feature can be implemented at any time during your employment with BHCA, Inc. It may take one to two payrolls for this to go into effect. Upon termination of employment, final checks are not directly deposited.

TYPE OF ACCOUNT (checking/savings, etc.)	TRANSIT/ABA NUMBER	ACCOUNT NUMBER	AMOUNT (\$ or All)
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1. \_\_\_\_\_

**Bank Name:** \_\_\_\_\_ **Branch:** \_\_\_\_\_

2. \_\_\_\_\_

**Bank Name:** \_\_\_\_\_ **Branch:** \_\_\_\_\_

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**PLEASE STAPLE A VOIDED CHECK OR DEPOSIT SLIP FOR EACH ACCOUNT**

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The undersigned hereby authorizes BHCA, Inc. and/or its authorized agents, to initiate credit entries as irrevocable payment of services rendered by employee. If necessary, debits/credits may be initiated for entries made in error or entries requiring reversals due to items returned by BHCA, Inc to employee. All such entries shall be made to the account indicated above. The authority shall remain in full force and effect until one or more of the following occur: Employee had provided written notice to BHCA, Inc. requesting a change or termination of this Agreement. Such notices shall afford BHCA, Inc. and depository institution up to thirty (30) days to act upon such notice.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_