

# Direct Deposit Enrollment Form



To enroll in Direct Deposit, fill out this form and return it to **Freedom** Healthcare Staffing. Attach a voided check for each checking account. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. (It isn't always the same as the number on a savings deposit slip). This will help ensure that you are paid correctly.

**Please complete, sign and return to Freedom Healthcare Staffing:**

I hereby authorize **Freedom** Healthcare Staffing ("Company") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

Employee Name: \_\_\_\_\_ Last Four Digits of Social Security #: \_\_\_\_\_

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

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**Account Information:**

The last item must be for the remaining amount owed to you. You have up to 3 Direct Deposit options. Make sure to indicate what kind of account, along with amount to be deposited if less than your total net paycheck.

Bank Name/City/State \_\_\_\_\_

Routing/Transit# \_\_\_\_\_ Account # \_\_\_\_\_

Checking  Savings  Other I wish to deposit \$ \_\_\_\_\_ or  Entire Net Amount

Bank Name/City/State \_\_\_\_\_

Routing/Transit# \_\_\_\_\_ Account # \_\_\_\_\_

Checking  Savings  Other I wish to deposit \$ \_\_\_\_\_ or  Entire Net Amount

Bank Name/City/State \_\_\_\_\_

Routing/Transit# \_\_\_\_\_ Account # \_\_\_\_\_

Checking  Savings  Other I wish to deposit \$ \_\_\_\_\_ or  Entire Net Amount