Direct Deposit Confirmation Form



Direct Deposit Confirmation Agreement

I hereby authorize 1 Care Premier Services to initiate credit or debit entries to my account with the Financial Institution indicated below. This authority is to remain in full force and effective until 1 Care Premier Services has received written notification from me of its termination. I understand the only time a debit will occur is in the event of an error in the form of an excessive credit. I also understand that my final payroll check with 1 Care Premier Services will not be directly deposited. <u>**A COPY OF A</u> VOIDED CHECK / BANK FORM MUST BE ATTACHED IN ORDER FOR PAYROLL TO PROCESS THIS REQUEST.

Select One:	Checking Account	Savings Account	
Full Name:(As it a	ppears on your bank statement)		
· · · ·			
Financial Institution:	e Bran	ch	
City	State	Zip	
Routing Number	Account Nur	Account Number	
Social Security	Phone Numbe	r ()	
Current Address:			
City	State	Zip	
Employee Signature:			