

Loveland HealthCare is pleased to offer direct deposit of employee paychecks to the bank(s) and account(s) of your choice.

To arrange for direct deposit.

____ Complete the employee portion of this form.

____ Return the completed form to the Human Resource Department.

TO BE COMPLETED BY EMPLOYEE

I hereby authorize Loveland HealthCare to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository name(s) below, hereinafter called depository, to credit and/or the same as such:

Please print your name as it appears on your account

Signature

Date

____ New Enrollment ____ Change ____ Cancellation

Account Type: ____ Checking ____ Savings

Amount: _____

Bank: _____

Account Number: _____ Routing Number: _____ (9 numbers)

____ New Enrollment ____ Change ____ Cancellation

Account Type: ____ Checking ____ Savings

Amount: _____

Bank: _____

Account Number: _____ Routing Number: _____ (9 numbers)

The authority is to remain in full force and effect until the company has received written notification from me of its termination in such time and in such manner as to afford the company and depository a reasonable opportunity to act on it.

*****Notify payroll immediately if you close or change your bank account*****