



## Direct Deposit Authorization Form

I hereby authorize CareGivers America and the financial institution shown to deposit my pay directly to my account each payday. If funds to which I am not entitled are deposited to my account, I authorize CareGivers America to return said funds. This authority will remain in effect until I file a new Authorization Form or cancel my participation.

**Check One:**       Checking       Savings

Employee Name (Please Print) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Transit Routing Number (ABA) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**You must complete this form in its entirety. Attach a VOIDED check or letter from your bank showing your 9 digit routing number and your bank account number.**

***Your first check may be a regular paper check due to processing time.***

*Tape VOIDED Check Here  
or attach separately*