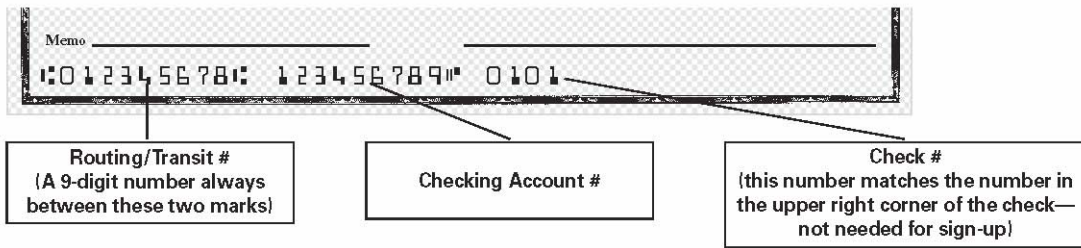




Employee Direct Deposit Enrollment Form

To enroll in Full Service Direct Deposit, simply fill out this form and fax or mail to Pacific Homecare Services (PACIFIC HOMECARE). **Attach a voided check for checking account - not a deposit slip.** 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.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize PACIFIC HOMECARE to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by PACIFIC HOMECARE to my account. In the event that PACIFIC HOMECARE deposits funds erroneously into my account; I authorize PACIFIC HOMECARE 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 PACIFIC HOMECARE and Bank have received written notice from me of its termination in such time and in such manner as to afford PACIFIC HOMECARE and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security #: _____ - _____ - _____
 Employee Signature: _____ Date: _____
 Employee's e-mail: _____

Account Information

Make sure to indicate what kind of account, along with amount to be deposited.

Checking Savings

Bank Name/Financial Institution: _____

Branch: _____ City: _____ State: _____

Routing Transit #: _____ Account Number: _____

ATTENTION PAYROLL MANAGER:

Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two (2) years thereafter.