



## Direct Deposit Agreement

I hereby authorize Embracing Hands Healthcare Staffing to initiate automatic deposits to my account at the financial institution named below. I also authorize Embracing Hands Healthcare Staffing to make withdrawals from this account in the event that a credit entry is made in error. Further, I agree not to hold Embracing Hands Healthcare Staffing responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. I understand that my deposit may not be credited to my account until the pay date indicated on the check voucher. I am also aware that there can be a processing time of 1 pay period to initiate or change the direct deposit and for it to take effect. This agreement will remain in effect until Embracing Hands Healthcare Staffing receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

I understand that my deposit may not be credited to my account until the pay date indicated on the check voucher.

I am also aware that there can be a processing time of 1 pay period to initiate or change the direct deposit and for it to take effect.

This agreement will remain in effect until Embracing Hands Healthcare Staffing receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

(check one box only)

☐ Establish new direct deposit | ☐ Change an existing account(s) | ☐ Cancel

Name on Account:

Financial Institution:

Routing Number:

Account Number:

Account Type:

☐ Checking ☐ Savings

For help determining the bank routing & account numbers please review the "Sample Check below".

**Routing Numbers: MUST be**  
Nine digits. If the first two  
digits are not 01 through 12  
or 21 through 32, the direct  
deposit will be rejected.

**The Account Number:** can be  
up to 17 characters. Include  
hyphens but omit spaces and  
special symbols.

Andrew Sample Martha Sample 123 Main Street Anywhere Nv 10000		<b>SAMPLE CHECK</b>		1234
Pay to the Order of _____		20		\$
Anywhere Bank Anywhere Nv 10000		For _____		
<b>ROUTING NUMBER</b> 120015005	<b>ACCOUNT NUMBER</b> 1010120001	<b>CHECK NUMBER</b> 1234		

Employee Signature

Date