



**Express**  
Professional Homecare, LLC  
Quality care. Exceptional service. Better living.

# Direct Deposit Information Form

The fastest, most convenient way to manage your everyday financial transactions – and it's free!

## Benefits To You

- **Convenient** – Your money is deposited automatically for you, even when you are ill, on vacation or too busy to get to the bank. Your check is deposited electronically into your Express Professional Homecare account.
- **Fast** – You have immediate access to your money on the day of deposit.
- **Safe** – Never worry about checks getting lost, delayed or stolen.
- **Automatic saving** – Watch your savings grow when you have at least part of your pay directed to savings.

## Three Easy Steps to Set up Direct Deposit

### Step 1. Gather Account Information

You must provide your information about the account where the money will be deposited or withdrawn.

**Routing Number (RTN)** (9 digits)

{{OC:ADO:Account RTN CHK}}

**Account Number**

(maximum 13 digits – include leading zeros – do not include check number):

{{OC:ADO:Account RTN CHK}}

**Type of Account** (Check one):

Checking/Prepaid Card     Savings

*If the account information to the left is not completed, use the following information:*

#### For Direct Deposit through Checking

Use information found on your checks

SAMPLE CHECK		0101
DATE _____		
PAY TO THE ORDER OF _____ \$ _____		
		DOLLARS
MEMO _____		
⑆ ⑆ 2 3 4 5 6 7 8 9 ⑆	⑆ ⑆ 2 3 4 5 6 7 8 9 ⑆	⑆ ⑆ ⑆

Routing Number

Account Number

Check Number

Note: You can also find your Account Number on your statement or on the account documents provided at account opening.

## 2 EMPLOYEE INFORMATION (PLEASE PRINT)

Name of Employee (first, middle initial, last)

Social Security number/payroll ID

Mailing address

City

State

Zip code

Daytime phone number

## 3 SIGNATURE OF EMPLOYEE

I hereby authorize my Employer to automatically deposit my paycheck into the specified account given.

I understand that all instructions under the Payroll Direct Deposit Plan (the "Plan"), including changes in the amount of, or cancellation of the Plan, must be made in writing to my employer.

If monies to which I am not entitled are transmitted by my employer to my Funds account, I authorize my employer to redeem on my behalf Fund shares in the amount necessary to obtain the return of the entire amount of these monies.

The availability of funds in my account is subject to verification of the transfer. The terms of the Plan may be terminated or modified at any time and without notice. I understand and agree to the terms set forth herein.

Submit this completed form to your payroll department.

Signature of Employee

Print name

Date