



SINCERE HOME CARE
REAL PEOPLE. SUPREME SUPPORT.

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Sincere Home Care to initiate automatic deposits to my account at the financial institution named below. I also authorize Sincere Home Care to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Sincere Home Care 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.

This agreement will remain in effect until Sincere Home Care 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.

To enroll in Wage Viewer, add your email: _____

(WageView allows you to access your check stubs when needed. Instructions will be sent via email)

Savings Account Information

Name of Financial Institution: _____

Name on Savings Account: _____

Routing Number: _____

Account Number: _____

Deposit Amount/Percentage: _____

Checking Account Information

Name of Financial Institution: _____

Name on Checking Account: _____

Routing Number: _____

Account Number: _____

Deposit Amount/Percentage: _____

Signature

Authorized Signature (Primary): _____ Date: _____

Employee Name (Print): _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.

Please note that it may take one pay cycle before your direct deposit goes into effect.