

I-CARE, INC.
EMPLOYEE DIRECT DEPOSIT FORM

For personal checking accounts, please complete the information below and attach a voided check to this form.

IF THIS IS FOR A SAVINGS ACCOUNT, PLEASE ATTACH A PRE-PRINTED SAVINGS ACCOUNT DEPOSIT SLIP OR HAVE THE INFORMATION BELOW COMPLETED BY BANK PERSONNEL.

I, _____, would like my payroll check deposited into
Print Employee Name

account _____
Print Routing Number (first set of #'s on bottom of check) Print Account Number (second set of #'s on bottom of check)

This is a checking or savings account with _____
Check Appropriate Box Print Name of Financial Institution

This bank account belongs to _____
Print Name of the Account Holder (If different from employee, please complete box below)

I understand that I-CARE, Inc. is only responsible for my payroll check/money being deposited into the account indicated above. Furthermore, I give I-CARE, Inc. permission to deposit my payroll check/money into said account and make any necessary adjustments as a result of the payroll deposit. I further understand that, in the event my banking information should change, it is my sole responsibility to notify the Business Office by completing a new 'Employee Direct Deposit Form' and turning it into the Business Office by Monday of payroll week. I understand failing to do so could result in a delay of receiving my pay.

_____ Signature of Employee	_____ Date
_____ Signature of Person Completing Form (if other than employee)	_____ Date
_____ Signature of Witness	_____ Date

Complete this box ONLY if depositing funds in someone else's account:

I, _____, give I-CARE, Inc. permission to deposit the payroll check/money of _____ into my account and make any necessary adjustments as a result of the payroll deposit.

_____ Signature of Account Holder	_____ Date
_____ Signature of Witness	_____ Date

**PLEASE ATTACH A VOIDED CHECK OR PRE-PRINTED DEPOSIT SLIP
HERE. THANK YOU!**