



**Direct Deposit
Employee Authorization**

Company Name:	Assisting Hands - West Oakland Home Care LLC		
Employee Name:		Employee Number:	

Routing Number:	State:	Type: Circle One	Amount / Percentage: Circle One	Account Number:
		Ckg / Sav	Amount / Percentage:	
		Ckg / Sav	Amount / Percentage:	
		Ckg / Sav	Amount / Percentage:	

Please Check One:

<input type="checkbox"/>	New or Additional Direct Deposit
<input type="checkbox"/>	Change the Bank or Account Number on an Existing Direct Deposit
<input type="checkbox"/>	Change the Amount of an Existing Direct Deposit - Amount was: Amount Changed to:
<input type="checkbox"/>	Other, Please Explain:

PLEASE ATTACH A VOIDED CHECK FOR THE DIRECT DEPOSIT BANK ACCOUNT AS VERIFICATION FOR EACH REQUEST

It is my responsibility to verify deposits on a per day period basis before writing checks against these funds. This Authorization can take up to three pay periods to activate. I understand that neither my employer nor Bayview Payroll Services, LLC is responsible for bank errors or fees. I may cancel this Direct Deposit(s) at any time. By signing this agreement, I authorize Bayview Payroll Services, LLC to initiate credit entries to the account indicated above for the purpose of expense and/or payroll. I also authorize Bayview Payroll Services, LLC to initiate, if necessary, debit entries and adjustments for any credit entries made in error.

Signature: _____

Date: _____