

Sunbridge Home Health Care, Inc.

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Sunbridge Home Health Care, Inc. to initiate automatic deposits to my account at the financial Institution named below. Further, I agree not to hold Sunbridge Home Health Care, Inc, 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 Sunbridge Home Health Care, Inc, 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.

Account Information

Employee Name:

Name of Financial Institution:

Routing Number:

Account Number: ☐ Checking | ☐ Savings

Signature

Authorized Signature:

Date:

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

If you do not have a bank account and wish to receive payment via Bank Card,
check this box: ☐