

Direct Deposit – Employee Authorization Form

Employee Name: _____ ID Number: _____

Department/Location: _____ Phone Number: _____

I authorize Memorial Healthcare System (MHS) and my bank to automatically deposit my payroll check into my account(s) listed below. I understand I must notify Memorial Healthcare System of any changes to my account(s) in order for changes to take effect, and to ensure I always receive my pay in a timely manner.

Employee Signature: _____ Date: _____

Account Information

You can have up to four direct deposit accounts. You must always have one default account, and can have up to three additional accounts. Your default account is where any bonuses, expense reimbursements, and other off-cycle checks will be deposited, as well as any funds not allocated to your additional accounts. You can designate a specific dollar amount to be deposited into your additional accounts. Submit your completed form to the Payroll office by email at payroll@mhs.net, by fax at 954-276-6060, or through interoffice mail.

Account 1 (Default Account) Bank Name: _____

Circle one: Add Remove Change

- Checking
- Savings

Routing Number: _____
Account Number: _____

Account 2 Bank Name: _____

Circle one: Add Remove Change

- Checking
- Savings

Routing Number: _____
Account Number: _____
Dollar Amount: _____

Account 3 Bank Name: _____

Circle one: Add Remove Change

- Checking
- Savings

Routing Number: _____
Account Number: _____
Dollar Amount: _____

Account 4 Bank Name: _____

Circle one: Add Remove Change

- Checking
- Savings

Routing Number: _____
Account Number: _____
Dollar Amount: _____

For Payroll Use Only:

Processed by: _____

PPE: ____/____/____