

To: **Care for People Plus Direct Deposit Payroll Administrator**

CSS Name _____ Date _____

Social Security # _____ - _____ - _____

I wish to receive paper checks by mail.

I wish to be paid by direct deposit.

I hereby authorize Care for People Plus to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account (s) listed below.

1 Financial Institution Name _____

Transit/ABA # _____ (The nine-digit number at the bottom of your check)

Account # _____ Type of Account Checking Savings

Amount:

2 Financial Institution Name _____

Transit/ABA # _____ (The nine-digit number at the bottom of your check)

Account # _____ Type of Account Checking Savings

Amount:

3 Financial Institution Name _____

Transit/ABA # _____ (The nine-digit number at the bottom of your check)

Account # _____ Type of Account Checking Savings

Amount:

I have attached a voided check or bank verification for the accounts listed above. (Deposit Slips are not acceptable.)

The authority is to remain in full force until Care for People Plus has received written notification from me of its termination. I will submit the notification in a timely manner to afford the Care for People Plus payroll administrator and the financial institution (s) a reasonable opportunity to act on it.

I will notify my department's Payroll office IMMEDIATELY in the event of a payroll calculation error. I will repay Care for People Plus for any overpayments that may be credited to my accounts (s).

CSS/Employee Signature _____

Date _____