



# DIRECT BANK DEPOSIT AUTHORIZATION FORM

I, \_\_\_\_\_, authorize my employer, *THE SUMMIT HEALTH & REHAB SERVICES INC.*, to direct deposit into the following bank/financial account my pay.

## BANK INFORMATION

\*Please choose one type of account: either (Checking or Savings) and fill in required information below:

Bank Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

### CHECKING

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

### SAVINGS

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

Please **attach** a **VOIDED BLANK** Check **(Here)**

**Deposit Slips are NOT ACCEPTABLE**

Please note that auto deposit does not start until two pay periods after this form is completed and returned to the Payroll Department.

The first pay period is a test to insure that your pay will be deposited into the proper account.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date