

Employee Name: \_\_\_\_\_

Beginning Payroll Date: \_\_\_\_\_

Type of account (Select One):       Checking       Savings

**Please staple a VOIDED check, card or letter  
from the bank to this area for ACH processing.**

**This information must include your routing and account number.**

*\*If you would like to split your check into multiple accounts please  
complete an additional form for each account.*

**Please select ONE:**

- Online access to your Earning Statement (You can print out copies).  
 Paper Earning Statement mailed to your personal address each payroll.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

*I authorize my employer, UMCHS Inc., to deposit my wages/salary into the bank accounts specified above and, if necessary, to electronically debit my account to correct erroneous credits. I certify my account(s) allow these transactions. I agree that direct deposit transactions I authorize comply with all applicable laws. My signature above indicates that I am agreeing that I am either the account holder or have the authority of the account holder to authorize my employer to make direct deposits into the named account. I understand that it is my responsibility to notify payroll of any account changes five business days prior to the next payroll cycle. If I fail to do so, I know that it will take up to 21 business days for my funds to be returned to my employer and reissued to me in the form of a check.*