

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.