

The Francis Foundation, Inc.
The Francis Home Providers Services, Inc.

Direct Deposit

Contractor/Employee Authorization

The Francis Home Providers Services, Inc
Company Name

OR

The Francis Foundation, Inc.
Company Name

Contractor/Employee Name (First, Middle Initial, Last)

N/A
Contractor/Employee Number

I authorize The Francis Foundation, Inc. and the financial institution(s) listed below to deposit my pay automatically to the indicated account(s) and to make adjusting entries including the removal of funds if the employer does not make them available.

Bank/Credit Union	State	Type Circle One:	Amount	Account Number
_____	_____	Ckg	_____	_____
_____	_____	Sav	_____	_____
_____	_____	Ckg	_____	_____
_____	_____	Sav	_____	_____
_____	_____	Ckg	_____	_____
_____	_____	Sav	_____	_____

Please Check One:

<input type="checkbox"/> New or Additional Direct Deposit
<input type="checkbox"/> Change the Bank or Account Number on an Existing Direct Deposit
Account number to be replaced: _____
<input type="checkbox"/> Change the Amount of an Existing Direct Deposit
Amount was: _____ Amount changed to: _____
<input type="checkbox"/> Other Please explain: _____

Please attach a voided check for the Direct Deposit bank account as verification for each request.

Deposits are normally available two (2) banking days after payroll is processed. It is my responsibility to verify deposits on a per pay period basis before writing checks against these funds. The Authorization can take up to three (3) pay periods to activate. I understand that my employer is not responsible for bank errors or bank fees. I may cancel these Direct Deposit(s) at any time. Banking services are provided in accordance with the limitations and restrictions of the National Automated Clearing House Association.

Signature

Date