



VNA Health Care

Professional Care
by Caring Professionals.

DIRECT DEPOSIT REQUEST FORM

DIRECT DEPOSIT TAKES EFFECT ON THE SECOND CHECK AFTER THIS FORM IS RECEIVED
BY THE PAYROLL DEPARTMENT

Employee Name: _____

Employee id #: _____

I authorize the VNA Health Care to automatically credit my pay to the following bank accounts, and to debit these accounts in the event of an error.

Priority	Account Type	Bank Name	Transit/ABA/routing #	Account #	\$ Amt %

Please talk to your bank to ensure that it accepts payroll direct deposit, and that the information that you have is correct. Some banks have special routing numbers for the direct deposit.

A voided check or bank specification sheet may be attached to this form if the transit and account numbers are correct. Many banks have the bank specification form available on line.

Employee Signature : _____ **Date:** _____

Attach voided check or specification sheet here.

Note : Deposit tickets cannot be used for direct deposit