EMPLOYEE AUTHORIZATION FOR DIRECT DEPOSIT

I hereby authorize and request CMH to make payment of any amounts owed to me for deposits of net payroll, by initiating entries to my account(s) indicated below.

I also authorize CMH to debit my account for the purpose of correcting an erroneous payroll credit entry initiated by CMH

Please forward completed form to the payroll department. If questions call x2273, x2274, x2289, or x7534.

PLEASE CIRCLE ONE: **NEW** **CHANGE** **CANCEL**

EMPLOYEE'S BANK INFORMATION

Name of Bank: _____

Address: _____

Type of Account - Please check one. **CANNOT DO PERCENTAGES - MUST BE SET AMOUNT OR NET**

☐ Checking Account #: _____ Amount: _____

PLEASE ATTACH A VOIDED CHECK

ABA/ROUTING NUMBER _____

☐ Savings Account #: _____ Amount: _____

ABA/ROUTING NUMBER _____

A PRENOTE WILL BE SENT TO THE BANK FOR ALL NEW ACCOUNTS OR CHANGES TO ACCOUNTS

TWO CASHABLE CHECKS WILL BE ISSUED; THE THIRD WILL BE DIRECT DEPOSITED

Employee's Account Name(s): Employee's DOB: Month_____Day_____

_____ _____

_____ _____

Please Print Signature Date

PLEASE CIRCLE ONE:

CMMC (1) CMH (30/31) CMCH (40) CMLTC (46) RH (61) AHS (70) CMCA (75) BH (91)

It is understood that this agreement may be terminated by me at any time by written notification to CMH. Any such notification shall be effective only with respect to entities initiated by CMH after receipt of such notification and a reasonable opportunity to act on it. Also be aware that this agreement will be terminated immediately upon notification of termination of service with CMH or any of its affiliates.

FOR EMPLOYER USE ONLY

EMP # _____

Prenote #1: _____

Prenote #2: _____

D. Deposit _____