



TRI-MED HOME CARE SERVICES, INC.

16-12 Central Ave
Far Rockaway, NY 11691
Phone: (347)727-7200
Fax: (347) 926-4709

*A Full Services NY Licensed Home Care Agency
Serving the Five Boroughs of NY, Nassau & Suffolk*

Picking up check ()

Mailing Check ()

Direct Deposit ()

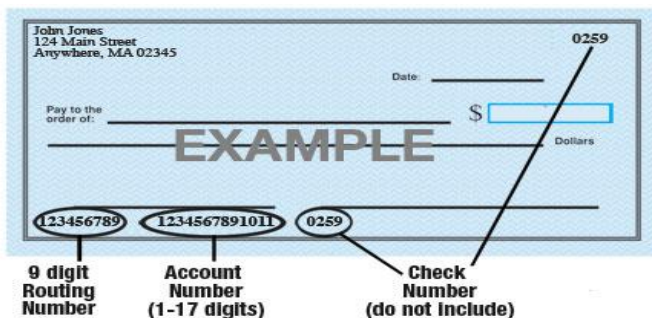
Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: \$ _____ _____% or Entire Paycheck

Type of Account: Checking Savings (Circle One)

Please attach a voided check for each bank account to which funds should be deposited.

Tri-Med Home Care Services, Inc. is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: _____ Date: _____