UNIQUEAID
Tailoring Home Health Care for Your Unique Situation.

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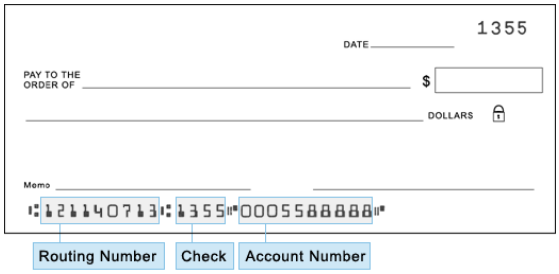
AUTHORIZATION FOR DIRECT DEPOSIT

As a requirement and in order to prevent issues with paycheck delivery by US Postal Services, Unique Aid employees **must** sign-up for Direct Deposit for their paychecks. Pay-stubs for Direct Deposit will be securely e-mailed to an e-mail address of your choice. This authorizes *Unique Aid* to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account indicated below and to other accounts I identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. Employees may also have their paychecks deposited into a credit card account upon verifying that it is available with the credit card company of their choice.

Account Information

attach a voided check to verify account

ACCOUNT TYPE	❑ CHECKING ❑ SAVING
BANK NAME	
BRANCH	
CITY, STATE	
MAIN PHONE NUMBER	
ACCOUNT NUMBER	
BANK ROUTING NUMBER	



Account and Routing Numbers may be less than the spaces provided. The numbers may be in a different order than pictured. Check with your bank to verify all numbers are correct or it could result in depositing in the wrong account.

Please specify email address (other than Unique AID email account) where Unique AID will send your pay-stubs.

EMAIL ADDRESS (please print clearly)	

Please be advised: Your pay-stubs will be password protected for security purposes. Passwords are all lowercase letters and consist from the first 4 letters of your last name and the last 4 digits of your social security.

For Example: Last name: Smith Social Security #: 123-45-6789 Password: smit6789

I agree to have my paycheck directly deposited into an account I specified in this form and understand that pay-stubs will be emailed to an email address specified above. This authorization will be in effect until *Unique Aid* receives a written termination notice from myself and has a reasonable opportunity to act on it.

Printed Name

Employee Signature

Date