

**EMPLOYEE DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer: Health Management, Inc.

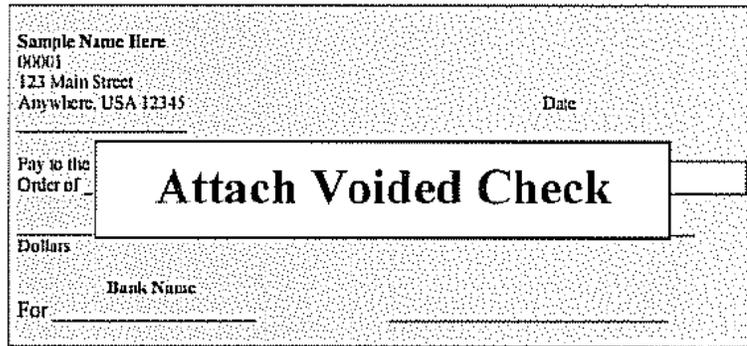
I authorize Health Management, Inc. (HMI) or payroll processor to deposit my entire net pay into the following account (choose one option only and complete all information requested):

- CHECKING ACCOUNT (The numbers on the bottom of your voided check are needed to make the electronic funds transfer; ATTACH VOIDED CHECK)**

Bank Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Routing or Transit #: \_\_\_\_\_

Account Number: \_\_\_\_\_



- SAVINGS ACCOUNT (Call your bank to obtain the following information)**

Bank Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Routing or Transit #: \_\_\_\_\_

Account Number: \_\_\_\_\_

- PAYCARD (Contact Director of Human Resources at HMI for more information)**

**This authority is to remain in full force and in effect until I revoke it in writing, and I understand that I must allow the COMPANY and BANK sufficient time to act on it after it is received.**

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_ / \_\_\_ / \_\_\_

