HMONG HOME
HEALTH CARE, LLC

EMPLOYEE DIRECT DEPOSIT REQUEST

FOR INTERNAL AGENCY USE:

Date Received: _____

By Staff: _____

Payroll Sign-off: _____

Employee Name: _____

Social Security: _____

Do you currently have Direct Deposit? ☐ **No** ☐ **Yes** **(If yes, please cancel my current direct deposit account)**

IMPORTANT NOTICE: If you are making a change of direct deposit banking account request, it may take 1-3 pay cycles for the request to be processed.

DIRECT DEPOSITED INTO MY BANKING ACCOUNT

I understand that I may receive paper checks for my first and/or second checks (or until my direct deposit request has been fully processed). I understand my paystubs will be accessible in www.payentry.com/ee. The email address I would like to use associating with Payentry is provided.

Email Address: _____

In the time before direct deposit goes into effect all checks will be mailed to the address provided below.

Mailing Address: _____

I would like my entire net pay deposited to the following Bank:

Account:

Bank Account
Account Type (check one): ☐ Checking ☐ Savings

_____
Employee Bank Name

_____ _____
Bank Routing # (ABA#) Account #

One of the following **MUST** be attached to this form (check one):

☐ Voided Check
☐ Bank letter or specification sheet (see your local bank representative)

This authorization will be in effect until the Company receives opportunity to act on it. I understand that it may take 1-3 pay cycles for my direct deposit or change of bank information request to be processed.

Signature _____ Date _____