OUTREACH HEALTH SERVICES DIRECT DEPOSIT AUTHORIZATION – CDS

In lieu of delivering payroll payments directly to the undersigned, I hereby authorize Outreach Health Services, and all Subsidiaries, to initiate credit entries to the account indicated below (the "ACCOUNT") and the depository named below (the "DEPOSITORY") to credit such payments to the ACCOUNT.

In the event of overpayment to the ACCOUNT, the undersigned grants Outreach Health Services and the DEPOSITORY the right to make an adjusting debit entry to the ACCOUNT, not in excess of the amount of such overpayment. **NOTE: Upon receipt of this form, the first payroll cycle will be pre-noted and you will receive a live check until the bank information provided is verified through your banking institution.**

I decline the pre-note process: ☐ ***(if declined, a voided check or bank issued document must be attached for routing/account verification)***

Primary Depository (BANK): _____ Branch: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Account in the name of: _____ Acct.#: _____
First Last

Checking Acct.: ☐ or Savings Acct.: ☐ Bank Routing #: _____

Indicate if your financial institution is a Credit Union: ☐ or Savings & Loan: ☐

This authority may be terminated upon thirty day's prior written notice thereof from the undersigned to the OHC Payroll Department.

Name: _____ Social Security #: _____

Signature: _____ Date: _____

Signature: _____ Date: _____
(Spouse or other Authorized Signatory)

ALL account holders **MUST** sign and date this form or it will not be accepted.

Secondary Depository (BANK): _____ Branch: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Account in the name of: _____ Acct.#: _____
First Last

Checking Acct.: ☐ or Savings Acct.: ☐ Bank Routing #: _____

Indicate if your financial institution is a Credit Union: ☐ or Savings & Loan: ☐

Amount to Secondary Account: _____ All funds above this amount will be deposited to your primary account.

Attach additional forms for multiple secondary accounts. Each form must be signed and dated by all account holders.

PLEASE ATTACH A VOIDED CHECK OR BANK ISSUED DOCUMENT FOR EACH ACCOUNT

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