



Infinity Healthcare, LLC

**SHAMEIKA JOHNSON**

*FOUNDER & CEO*

Infinity Healthcare, LLC

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## Authorization for Direct Deposit

I authorize \_\_\_\_\_ to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford \_\_\_\_\_ a reasonable opportunity to act on it.

**Name on bank account:** \_\_\_\_\_

Bank account number: \_\_\_\_\_ Checking \_\_\_ Savings \_\_\_

Bank routing number: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ or entire paycheck: \_\_\_

**\*Balance of pay to:**

\_\_\_\_\_ Manual (paper check)

\_\_\_\_\_ Account described below

**\*Note:** Split payments are not available for contractors.

**Name on bank account:** \_\_\_\_\_

Bank account number: \_\_\_\_\_ Checking \_\_\_ Savings \_\_\_

Bank routing number: \_\_\_\_\_

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

Employee/Contractor signature: \_\_\_\_\_

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

**Payers: Do not send this form with your Direct Deposit enrollment. Keep for your records.**