



Direct Deposit Authorization Form

Serenity Health Services L.L.C. is pleased to be able to offer you a new payday convenience - Direct Deposit. Now you can have your paycheck automatically deposited in your checking or savings account on payday. And you don't have to change your present banking relationship to take advantage of this service.

Here's how Direct Deposit works:

On payday you will receive an earnings statement showing gross salary, taxes, other deductions, and net pay. Your money will already have been deposited in your account. The amount of the deposit will appear on your bank statement. We believe you will like the added convenience of having your net pay automatically deposited for you.

Direct Deposit is safe, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to the Payroll Department.

The authorization form, which is provided on the reverse side, gives your employer the authority to deposit your pay to your account. Simply complete the form in order to take advantage of Direct Deposit.

All you need to do is:

1. Mark the box before type of account to indicate whether your pay will be deposited in your checking or savings account.
2. Fill in your name, the name and location of your financial institution, and today's date.
3. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number.

NOTE: Be sure to sign the form and attach voided check!

Please complete the information below and return to payroll.

I authorize **Serenity Health Services L.L.C.** to initiate electronic credit entries each pay period, and if necessary, debit entries and adjustments for any credit entries in error to my:

___ checking account (or) ___ savings account

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date _____

FINANCIAL INSTITUTION NAME (PLEASE PRINT) _____

ACCOUNT NUMBER AT FINANCIAL INSTITUTION _____

FINANCIAL INSTITUTION ROUTING NUMBER _____

FINANCIAL INSTITUTION CITY AND STATE _____

SIGNATURE _____