

PAYROLL MANAGER:

Please complete this section and send a copy to BenefitMall or fax information to the Direct Deposit Department at (305) 591-4393 (Please print)

Account # 097-25599	Company Name Vancouver Home Healthcare Agency LLC	Date
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To enroll in Full Service Direct Deposit, simply fill out this form and give it to your payroll manager. **Attach a voided check for each checking account - not a deposit slip.** If depositing into a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Important! Please read and sign before completing and submitting.

I hereby authorize BenefitMall to deposit any amounts owed me as instructed by my employer by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by BenefitMall to my accounts. In the event that Compupay deposits funds erroneously into my account, I authorize BenefitMall to debit my account for an amount not to exceed the original amount of the erroneous credit account. I further authorize BenefitMall to debit my account in the event my employer does not provide funds to cover credits initiated by BenefitMall.

This authorization is to remain in full force and effect until BenefitMall and Bank have received written notice from me of its termination in such time and in such manner as to afford BenefitMall and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security #: _____

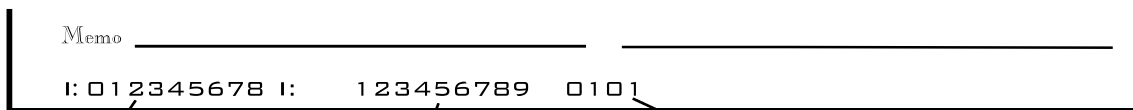
Employee Signature: _____ Date: _____

Account Information

Make sure to indicate what kind of account, along with the amount to be deposited if less than your total net paycheck.

A C C T 1	Bank Name		Account Type
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other
	Routing/Transfer #	Account #	Amount to deposit \$ _____ or <input type="checkbox"/> Balance of Net
A C C T 2	Bank Name		Account Type
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other
	Routing/Transfer #	Account #	Amount to deposit \$ _____ or <input type="checkbox"/> Balance of Net
A C C T 3	Bank Name		Account Type
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other
	Routing/Transfer #	Account #	Amount to deposit \$ _____ or <input type="checkbox"/> Balance of Net
A C C T 4	Bank Name		Account Type
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other
	Routing/Transfer #	Account #	Amount to deposit \$ _____ or <input type="checkbox"/> Balance of Net
A C C T 5	Bank Name		Account Type
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other
	Routing/Transfer #	Account #	Amount to deposit \$ _____ or <input type="checkbox"/> Balance of Net

Below is a sample check MICR line, detailing where the information necessary to complete the form can be found.



Routing/Transit #
(A 9-digit number always between these two marks)

Checking Account #

Check #
(this number matches the number in the upper right corner of the check--not needed for sign-up)

ATTENTION PAYROLL MANAGER:

Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.