

Employee Direct Deposit Enrollment Form



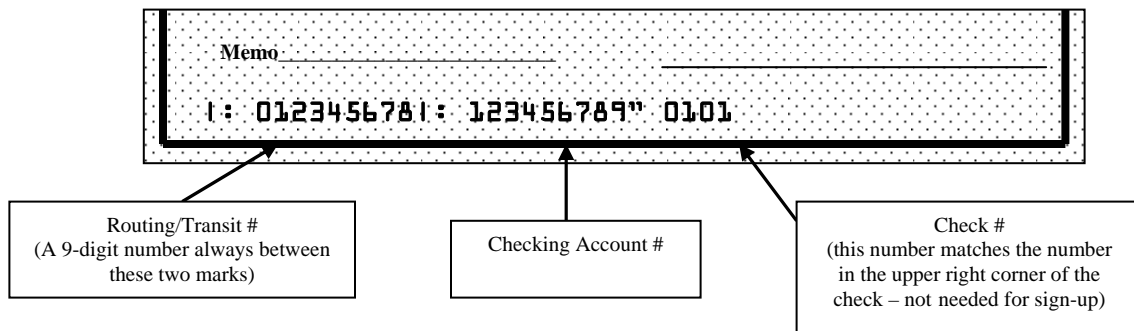
Payroll Manager – Please complete this section and send a copy to ADP for enrollment. (Please print.)

Company Code: _____ Company Name: _____ Employee File Number: _____

Payroll Mgr. Name: _____ Payroll Mgr. Signature: _____

To enroll in Full Service Direct Deposit, simply fill out this form and give to your payroll manager. Attach a voided check for each checking account - not a deposit slip. If depositing to 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.

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



IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize ADP to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by ADP to my account. In the event that ADP deposits funds erroneously into my account, I authorize ADP to debit my account for an amount not to exceed the original amount of the erroneous credit.

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

Employee Name: _____ Social Security #: _____ - _____ - _____

Employee Signature: _____ Date: _____

Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form.

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

1. Bank Name/City/State: _____
Routing Transit #: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____.____ or Entire Net Amount
2. Bank Name/City/State: _____
Routing Transit #: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____.____ or Entire Net Amount
3. Bank Name/City/State: _____
Routing Transit #: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____.____ or Entire Net Amount

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.

Eligibility Requirements / Requisitos de Elegibilidad

All requirements must be met in order to qualify for electronic direct deposit.
 Se deben cumplir todos los requisitos para calificar para un depósito directo electrónico.

- **Regular Phone Portal App or IVR use for at least 1 week.** *Uso habitual de la aplicación telefónica o IVR durante al menos 1 semana.*
 - **App: Location Services must be turned on for every clock in/out.** *Los servicios de ubicación deben estar activados para cada entrada / salida*
 - **App: Patient signature must always match signature on file unless a medical event leaves them incapable of signing (must be documented and reported to Supervisor).** *La firma del cliente siempre debe coincidir con la firma en el archivo a menos que un evento médico lo deje incapaz de firmar (debe documentarse e informarse al supervisor)*
- **History of good attendance based on POC.** *Historial de buena asistencia basado en POC / Plan de Cuidado*
- **Compliance Requirements met.** *Cumplimiento de los siguientes requisitos.*
 - **All application requirements must be completed:** *Se deben completar todos los requisitos de la solicitud:*
 - **Government Issued ID.** *Identificación dada por el gobierno.*
 - **Social Security Card.** *Tarjeta de seguro social.*
 - **High School Diploma/GED/Letter of Recommendation.** *Diploma de escuela secundaria / GED / Carta de recomendación.*
 - **Auto Insurance (if applicable).** *Seguro de automóvil (si corresponde).*
 - **Background check up to date.** *Verificación de antecedentes actualizada.*
 - **Up to date on mandated trainings.** *Actualización sobre capacitaciones obligatorias.*
 - **PST / Servicios de entrenamientos previos**
 - **IST / Servicios de entrenamientos posteriores**
- **Must have worked for the company for at least 3 months.** *Debe haber trabajado para la empresa durante al menos 3 meses.*

Disqualification Events / Eventos de Descalificación

A disqualification event is an event that will move the FHCA/HCA back to paper-based check. Disqualification events may include but are not limited to: *Un evento de descalificación es un evento que hará que los FHCA / HCA vuelvan a recibir cheque en papel. Los eventos de descalificación pueden incluir, pero no se limitan a:*

- **Non Phone App/IVR reporting of hours worked without good reason.** *Reportes de horas trabajadas sin un buen motivo fuera del portal telefónico o IVR.*
- **Missing regularly mandated training.** *Falta de asistencia regular a los entrenamientos obligatorios.*

Acknowledgement / Reconocimiento

I have read and understood the above statements, and agree that if I follow the requirements, I will be able to receive my paycheck by Electronic Direct Deposit. *He leído y entendido las declaraciones anteriores y acepto que si sigo los requisitos, podré recibir mi cheque de pago mediante Depósito Directo Electrónico.*

I also agree that payment by Electronic Direct Deposit is a special benefit extended by the Company, and it has the right to take it away and pay me with a paper-based Check for any reason whatsoever, including not following the above requirements. *También aceptó que el pago mediante Depósito Electrónico Directo es un beneficio especial otorgado por la Compañía, y tiene derecho a retirarlo y volver a pagarme con un Cheque en papel por cualquier motivo, incluido el incumplimiento de los requisitos anteriores.*

Department (select all that apply)	Senior Care	Caregivers	Homemakers
<i>Departamento (selecciona los que aplican)</i>			
Last 4 of SSN / Ultimos 4 digitos del SSN _____			
_____	_____	_____	
Full Printed Name / Nombre Completo en Molde	Signature / Firma	Date / Fecha	