
SUPERIOR HOME CARE

10597 West 165th Street

Lakeville, MN 55044

Phone: (952) 898-4911

Fax: (952) 898-3088

DIRECT DEPOSIT

We are pleased to offer our employees the convenience of direct deposit of your payroll check. This service is voluntary and free, allowing your payroll check to be automatically deposited into your checking, savings or debit card account on payday. This service will eliminate the possibility of lost, stolen or forged checks plus money is deposited faster, reducing the possibility of overdrafts. Other advantages include fewer trips to the bank, time saved waiting in lines, deposits made even when you're on vacation, away from the office on business or due to illness. Direct deposit is safe, convenient and easy.

Direct deposit allows you to deposit money into three different accounts. For example, you may want \$50 deposited to a savings account and the new amount sent to your checking or debit card account. Or, you may have an amount deposited to one account and the rest issued as an actual payroll check. 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 accounts. The amount of the deposit will appear on your bank statement automatically.

If you would like to use direct deposit please fill out the form on the back side. You will need to attach a copy of your check or provide your banking institution and account information. Please write VOID on the face of your check.

DIRECT DEPOSIT WILL BEING THE SECOND PAYDAY AFTER YOU TURN IN THE REQUIRED DOCUMENTATION.

Money will be deposited before 5:00 PM on payday.

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ADP SOFTPAY SERVICES

Direct Deposit Sign-Up Form

I hereby authorize Superior Home Care to deposit any amounts owed me by initiating credit entries to my accounts to the financial institutions indicated at the bottom of this form. Further, I authorize my financial institution to accept and to credit any credit entries indicate by Superior Home Care to my accounts. In the event that Superior Home Care deposits funds erroneously into my account, I authorize Superior Home Care 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 effect until Superior Home Care and my financial institution have received written notice from me of its termination in such time and in such manner as to afford Superior Home Care and the financial institution reasonable opportunity to act on it.

Employee Name

Social Security Number

Signature & Date

Account Information

You may choose up to four accounts. Your last account must be for the remaining owed to you.

A. _____

Financial Institution Name/ City/State

___Checking ___Savings ___Debit Account Number _____ Transit Routing Number _____

I wish to deposit \$ _____ or Entire Net Amount

B. _____

Financial Institution Name/ City/State

___Checking ___Savings ___Debit Account Number _____ Transit Routing Number _____

I wish to deposit \$ _____ or Entire Net Amount

C. _____

Financial Institution Name/ City/State

___Checking ___Savings ___Debit Account Number _____ Transit Routing Number _____

I wish to deposit \$ _____ or Entire Net Amount

Attach a voided check for each checking account. If you are using a savings account or debt card, verify account information with your financial institution. Do not use a deposit slip for any account.