

NEW HIRE APPLICATION FOR DIRECT DEPOSIT

To enroll in Direct Deposit, fill out this form and attach a voided check for each checking account - not a deposit slip. If depositing to a savings account, ask your bank for 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 you are paid correctly.

IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize Parkview Health to deposit any amounts owed me, by initiating credit entries to my account at the financial institution(s) (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Parkview Health to my account. In the event that Parkview Health deposits funds erroneously into my account, I authorize Parkview Health 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 Parkview Health and Bank have received notice from me of its termination in such time and in such manner as to afford Parkview Health and Bank reasonable opportunity to act on it.

Phone Number:			ID#	
Employee Name			SS#	
Employee Signature			Date	
Account Information The last item must be for the re	emaining amount	owed to you.		
	•	•	e deposited, if less t	han your total net paycheck.
Name of Bank:			-	,
Routing Number:	<u> </u>		Account Number: _	
Checking	Savings	I wish to deposit \$_	or	Entire Net Amount
2. Name of Bank:				
Routing Number:				
<u> </u>			or	Remaining Net Amount
3. Name of Bank:				
Routing Number:			Account Number: _	
Checking	Savings			Remaining Net Amount
Note: This form is only to be This form will not be accept				o MyHR.Parkview.com.
		ttached a voided chec ccounts, please subm		