

**Submit To Payroll For Processing**

Authorization Agreement For Direct Deposit

Name (Print) \_\_\_\_\_ SS# \_\_\_\_\_

I hereby authorize the Payroll Department of **Health Hybrid** to deposit my payroll check in the account identified below. I have verified that the bank listed below will accept the automatic deposit. In the event that any monies are erroneously deposited to my account, I agree that the Payroll Department of **Health Hybrid** has the right to recover all monies. I am responsible for verifying that all the deposits are with my bank before I issue any checks against my account.

This authority is to remain in full force and effect until the Payroll Department has received written notification from me of its cancellation or change.

Account # \_\_\_\_\_ Type of Account \_\_\_\_\_  
Routing# \_\_\_\_\_

Bank Name \_\_\_\_\_ Phone# \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*Attach voided check please\*\*\*\*\*