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DIRECT DEPOSIT AGREEMENT FORM

I hereby authorize Avenues for Care, Inc. to initiate automatic deposits to my account at the financial institution of my choosing. I also authorize Avenues for Care, Inc. to make a withdrawal from this account should a credit error be made. Further, I agree not to hold Avenues for Care, Inc. responsible for any delay or loss of funds due to incorrect, incomplete or illegible information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds on my account. This agreement will remain in effect until Avenues for Care, Inc. receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form.

I do not authorize Avenues for Care, Inc. to initiate automatic deposits. Further, I agree not to hold Avenues for Care, Inc. responsible for any delay or loss of funds due to incorrect, incomplete or illegible information supplied by me. I agree not to hold Avenues for Care, Inc. responsible for any delay or loss of funds due to events in relation to delivery of checks through postal service. This agreement will remain in effect until Avenues for Care, Inc. receives a new direct deposit form stating otherwise.

Form with checkboxes for: New Setup, Cancellation, Change in Account Type, Change in Financial Institution, Change in Account Number

Form with fields for: EMPLOYEE NAME, FINANCIAL INSTITUTION NAME, ROUTING NUMBER, ACCOUNT NUMBER, ACCOUNT TYPE (Checking/Savings), AMOUNT TO DEPOSIT (Entire Paycheck or % or \$), EMAIL FOR ONLINE PAYSTUBS

Please attach a voided check or deposit slip and return this form to the office.

Authorized Signature (primary): _____ Date: _____

Authorized Signature (joint): _____ Date: _____

**Email invite for online paystubs will be emailed to the above listed email after your first paycheck. It is the employee's responsibility to follow the instructions on the email invite to gain access to QuickBooks Workforce.