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Silvercrest Center for Nursing and Rehabilitation

 14445 87th Avenue 

Jamaica, New York 11435

Authorization Agreement for Direct Deposit of Payroll

Last Name

First

Name

Social Security Number

Home Address

Home Phone (

I authorize my employer Silvercrest Center for Nursing and Rehabilitation, to deposit my net pay directly into my checking——.-—- or sayingsaccount (select one) and to initiate (if necessary) debit entries and adjustments for any credit -entries in error to my account,

To insure that my account is properly credited, I bnve nttzehed voided check fr.om my cheekin account or a de osii Eli from the savin g account where my net pay will be deposited, and completed this form,

I agree that this authorization will remain in effect until I provide written notification to my employer terminating this servicer



 Signature Date Telephone Number

Electronic Transfer of Funds Request

Bank

Name

Bank Address

Bank Routing Number



Name pn Your Account

Bank Account Number

Payton Use Only:

 Inpttt by (Init.) Dale

# WRITE

DATE:

MEMBER NAME:

SOCIAL SECURITY NUMBER:

NEW MEMBER or EXISTING MEMBER Cl

EXISTING DD FROM THIS SEG? YES Cl NO Cl

PAY FREQUENCY: WEEKLY BIWEEKLY Cl MONTHLY Cl

LIST NEW MONEY GOING TO [VICU BELOW: