



Direct Deposit Enrollment/Change Form

Combining Quality, Compassion and Care

www.synergyhomecare.com

Print Employee Name: _____

Action Requested: ADD DELETE CHANGE

I hereby authorize Synergy HomeCare to initiate credit entries (deposits) and to initiate, if necessary, debit entries (withdraws) and adjustments for any credit entries made in error to the account indicated below and the depository named below. I understand that new or changed direct deposit accounts may require up to three (3) weeks to be processed from the time the information is received by Synergy HomeCare. I must submit this document 2 weeks in advance of any payroll date to make changes or add an account for direct deposit. If a change in direct deposit information is required and an employee submits a document other than this document, then Synergy hold not responsibility for errors relating to such submission.

REQUIRED INFORMATION*:

E-Mail Address: _____

Email address is required.

Account Type: Checking Savings

Name of Bank: _____

Routing Number: _____ Account #: _____

*YOU MAY ATTACH A VOIDED CHECK TO ELIMINATE ERRORS

EMPLOYEES MUST TURN IN ALL TIMESHEETS AND MUST LOGIN TO ALL CLIENT ASSIGNMENTS VIA THE SYNERGY TELEPHONY SYSTEM IN ORDER TO AVOID DELEAYS OR NON-PAYMENT OF PAYROLL. Synergy reserves the right to print checks if necessary. Any such checks must be picked up at the Synergy office. Paystubs will be available online at: paychecks.intuit.com . CareTEAM members must have an email address and must go online and set up an account with this website. THE SYNERGY OFFICE WILL NOT PRINT PAYSTUBS. If an employee requires a paystub to be printed, they must use : paychecks.intuit.com . Otherwise, if Synergy prints out any paystub, it will cost the employee \$10 per paystub.

I have read, fully understand and will comply with these rules and policies.

Signature of Applicant / Employee

Date