



COTTAGE HOMECARE MI LLC

Email: michigan@cottagehomecare.com

Tel:(313) 762-4272 Fax: (313) 887- 8989

DIRECT DEPOSIT AUTHORIZATION

Please print and complete ALL the information below.

Name:

Address:

City, State, Zip:

SSN Last 4-Digits: DOB:

Name of Bank:

Account #:

9-Digit Routing #:

Amount: \$ % or Entire Paycheck

Type of Account: Checking Savings (Check One)

Attach a voided check for each bank account to which funds should be deposited (if necessary)

[Cottage Homecare MI LLC] is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee's Signature:

Date: