**HomeCare Resource, LLC.**
9531 West 78th Street, Suite 230, Eden Prairie, MN 55344
Phone: 952-854-6104 Fax: 952-540-4672

# DIRECT DEPOSIT ACCOUNT INFORMATION

Employee Name: _____ Date: _____

Address: _____Phone:_____

This account is a:

☐ **CHECKING ACCOUNT**: please attach a voided check for the account refrenced below.

☐ **SAVINGS ACCOUNT**: contact your bank for proper routing number.

Routing Number

| | | | | | | | | |
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Account Number

| | | | | | | | | | | | | | | | |
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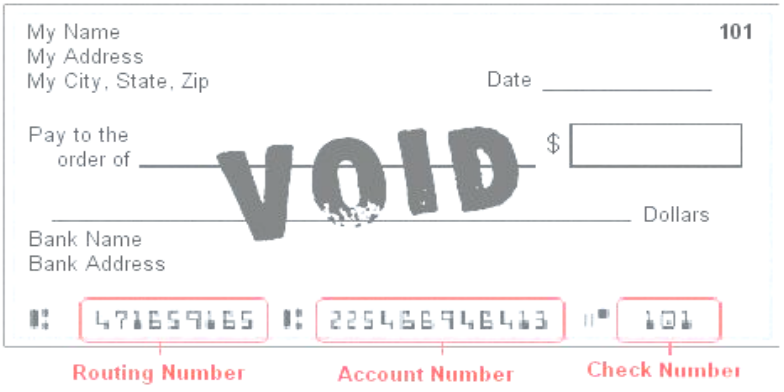
**Attach copy of VOIDED check.** Do not use deposit slip numbers.




I authorize HomeCare Resource, LLC. to initiate electronic deposits, and if necessary, withdrawal entries and adjustments for any entries in error to my account.

_____ _____

**Employee's Signature** **Date**