



CARING HANDS  
**VETERINARY CLINIC**  
3310 Grant Ave • Philadelphia, PA, 19114  
**215-621-8959**

## Direct Deposit Authorization

I authorize Caring Hands Veterinary Clinic, LLC to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing.

PRINT Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Please enter your bank routing and account numbers of your checking account in the boxes provided as well as attach a voided check.

Name of Bank: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

9-Digit Bank Routing #: \_\_\_\_\_

Amount: \$\_\_\_\_\_ or  entire paycheck

Type of Account:  Checking or  Savings

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_