

AMCHECK USE ONLY

EE NO: _____ RCVD: _____

NEW MOD CNCL. BY: _____

AmCheck®

Employee Direct Deposit Agreement

EMPLOYEE INSTRUCTIONS:

- 1) Complete the **EMPLOYEE INFORMATION** and **ACCOUNT INFORMATION** sections.
- 2) Attach proof of bank account, i.e. voided check, bank letter or bank account spec sheet.
- 3) Retain a copy of this form and **return the original copy to your employer.**

EMPLOYER INSTRUCTIONS:

- 1) Complete the **COMPANY INFORMATION** section.
- 2) Return completed form to AmCheck.

COMPANY INFORMATION

COMPANY NAME:

Arion Care Solutions, LLC

AMCHECK CLIENT ID:

4009

EMPLOYEE INFORMATION

EMPLOYEE NAME:

SOCIAL SECURITY NUMBER:

PHONE NUMBER: (optional)

EMAIL ADDRESS: (optional)

SIGNATURE:

X

DATE:

ACCOUNT INFORMATION

BANK NAME:

BANK PHONE:

BANK CONTACT:

ADDRESS:

CITY:

STATE:

ZIP:

BANK TRANSIT/ABA NUMBER (9 digits):

ACCOUNT NUMBER:

I hereby authorize AmCheck to initiate direct deposit credit, debit and/or correction entries to my: (choose one)

Checking Account Savings Account Health Savings Account

I elect to have the following amount direct deposited: (choose one)

Entire Net Pay Flat Dollar Amount \$ _____ Percentage _____ % of net pay

RETURN THIS FORM WITH ONE OF THE FOLLOWING:

I have provided on a separate page (check one):

- VOIDED CHECK
 BANK ACCOUNT SPECIFICATION SHEET
 BANK LETTER STATING ACCOUNT INFORMATION

DEPOSIT SLIPS ARE NOT ACCEPTED

IMPORTANT INFORMATION ABOUT AMCHECK DIRECT DEPOSIT SERVICES

By agreeing to this authorization, I understand that any corrections or reversals of any funds deposited in error that may not be available to reverse due to insufficient funds, closure of bank account or other, may be withheld from any future check to make employer and/or AmCheck whole. Furthermore, if there is no future check to withhold, I personally guarantee that I will refund employer and/or AmCheck in the amount deposited in error plus be responsible for any and all collection costs to employer and/or AmCheck. It is my responsibility to verify deposits before I write checks, make withdrawals, debits or transfers. In cases where my employer does not sufficiently fund the direct deposit transaction file, I understand that direct deposits will automatically be reversed. This authorization is to remain in full force until AmCheck has received written notification from me of its termination in such time and in such manner as to afford AmCheck and depository reasonable opportunity to act upon it. If any court of competent jurisdiction declares any provision of this agreement invalid or unenforceable, the remainder of the agreement shall remain fully enforceable. This agreement may be cancelled by written request.

PRIVACY STATEMENT

AmCheck Corporation is committed to protecting your privacy. We may use this information throughout AmCheck and its controlled subsidiaries and affiliates for the purpose of providing you with direct deposit related services. AmCheck will not provide nor sell this information to any 3rd party. This information is kept in a secure electronic database with limited access. We may disclose personal information if required to do so by law or in the good-faith belief that such action is necessary to comply with legal requirements or with legal process served on us, to protect and defend our rights or property. We will keep the information for future consideration unless you direct us not to do so.



Have Questions or Need Help With This Form? Call 888-AMCHECK or Visit www.amcheck.com/contact_us.php for contact information on your local AmCheck office.