



# Direct Deposit Form

125 S. Wacker Dr.  
Suite 320  
Chicago, IL 60606

Pay Card

Direct Deposit

Check

Direct Deposit is the electronic transfer of your current payroll amount from Freedom Care Ohio, LLC to the designated account in the bank or credit union of your choice.

Copy of voided check must be attached to this form:  
If you do not want to enroll in direct deposit please check below:

## I. Employee Information

First Name

Last Name

## II. Direct Deposit Information

### Primary Account:

Type of Account.

Bank/Credit Union Name

Routing #

Checking

Account #

Savings

## III. Authorization

I authorize Freedom Care Ohio, LLC ("Freedom Care") to deposit any payroll amounts owed to me to my account at the depository institution specified above. I authorize Freedom Care to debit my account only for the purpose of correcting an amount erroneously credited to my account. I understand it is my responsibility to verify that payments issued by Freedom Care have been credited to my account before attempting to draw on the funds. I understand that this authorization will remain in effect until I change my account number and notify Freedom Care in writing by completing a Direct Deposit Enrollment/Change Form

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